LIBRARY OF CONGRESS

THE

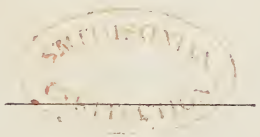
MEDICAL AND SURGICAL

REPORTER:

A WEEKLY JOURNAL,

EDITED BY

S. W. BUTLER, M. D. AND R. J. LEVIS, M. D.



APRIL—SEPTEMBER, 1860.

VOL IV.

PHILADELPHIA:
CRISSY & MARKLEY, PRINTERS, GOLDSMITHS HALL,
LIBRARY STREET,
1860.

R 11
.M 5
new Ser.

INDEX TO VOLUME IV.

Abdomen, abscess in walls communicating with intestines, 495.
Abdominal parietes, congenital deficiency of, 197.
Abdominal wound, with protrusion of omentum, 271.
Abortion, its causes, dangers and treatment, 518, 538.
Abscess in walls of abdomen, communicating with intestines, 495.
Abscess, scrofulous of neck, 104.
Acupressure, Dr. Syme on, 172.
Address, closing of Dr. G. B. Wood, 69.
Adhesion of lid to globe of the eye, 253.
Adulteration—of butter, 28; of food and drink, 506.
Air, entrance into blood vessels, 277.
Agnew, Dr. D. Hayes, anatomy in its relations to medicine and surgery, 1, 49, 113, 175, 217, 289, 531.
Albuminuria, and heart disease, 251.
Aleurites triloba, oil of, 16.
Amaurosis, santonine in, 187.
American Medical Association, 65, 108, 128 191, 245, 382.
Ammonia, muriate of, in nervous cephalalgia, 379.
Amputation—of arms, 421; of foot, 517; of leg below the knee, 82; of penis, 421; of thigh, 421.
Anatomy in its relations to medicine and surgery, 1, 49, 113, 175, 217, 289, 531.
Anæmia, from prolonged lactation, 227.
Anchylosis of knee joint, operation for, 419.
Aneurism—of aorta, 226; lanced by an empiric, 464.
Angina pectoris, 354, 543.
Aorta, aneurism of 226.
Apoplexy, case of, in a young girl, 379.
Apparatus, surgical, for extension of knee-joint, 351.
Arctic expedition, Dr. Hayes', 284, 347.
Armies, losses sustained by, 154.
Arm-splint, improved anterior, 390.
Arsenic in dyspepsia, 422.
Articular diseases, actual cautery in, 377.
Articulation, new, attempt to form, 81.
Ascites, case of, 397.
Association, Philadelphia, for medical instruction, 27.
Atkinson, Dr. Wm. B., medical society reports, 34, 54, 161, 313, 518, 538.
Asylums, Insane Spanish, 154.
Auricle, right of heart, rupture during labor, 357.
Auricles of the heart, cause of contraction, 16.
Beef, seasoned, 25.
Belladonna as an antigalactic, 119, 272.
Birds, pericarditis in, 287.
Births and deaths in Russia, 67.
Births, quadruple, 215.
Bladder, extrophy of, 121, 179; rupture of, 475.
Bland, Dr. D. Webster, acetous ticture of valerian, 140; iodide of potassium in rheumatism, belladonna as an antigalactic, 272; case of empyema following typhoid pneumonia, 214.
Blind, mortality of, 462.
Blister, to make a, 527.
Blood-letting, discussion on, 34.
Bowlegs cured by subcutaneous section of the tendons of the semi-membranosus and semi-tendinosus, 409.
Brain—softening of, 227; œdema of, 357.
Bright's disease, 157.
Bronson, Dr. J. O., new instrument for vaccination, 186.

California, Profession, ethical condition of, 130.
Callus, formation of, new experiments, 107.
Calhoun, Dr. J. T., two cases of purpura, 349; wholesale prophylactic treatment of malarious diseases by the removal of the cause, 511.
Caloric rays of light, absorption of, in the eye, 455.
Cancer—epithelial, 304; plastic operation, 103.
Cancerous degeneration of internal organs, 122; deposit resulting in spontaneous fracture, 309.
Carbuncular inflammation of lip, 273.
Cardiac diseases, clinical observations with cases, 93.
Carnochan, Dr., operation for facial neuralgia, 68.
Cataract, 160, 182; congenital capsular, 182, 253; traumatic, 302; artificial production of, Dr. Mitchell's experiments, 125; diagnosis of, 537.
Cattle, epidemic of, 110.
Cautery, actual in articular diseases, 377.
Cephalalgia, muriate of Ammonia in, 379.
Cerebritis, case of, 535.
Chemosis, 103.
Chest, wounds of, diagnostic symptoms, 29.
Chlorate of potash, treatment of phthisis by, 522.
Chloroform—fatality from, 187; a new danger from, 268; death from, 338.
Cholera in Spain, 426.
Chorea, epileptoid, 354.
Cinchonine, value of, in intermittent fever, 275.
Claim, an impudent, 153.
Clardy, Dr. T. F., case of wound of ascending colon, 473.

Clavicle, fracture of, 103.
Coal tar, a disinfectant, 63.
Coates, Dr. Benjamin Horner, address before Philadelphia County Society, 64.
Cohen, Dr. J. Solis, clinical reports, 79, 101, 122, 140, 157, 159, 179, 181, 354, 375; extrophy of bladder, 121, 179.
Colchicum, poisoning by, 465.
Collodion in the treatment of venereal warts and other surgical affections, 70.
Congenital deformity, extreme, 449.
Convention of Superintendents of Hospitals for the Insane, 213.
Convulsions, puerperal, subcutaneous injection in, 167.
Cornea, opacity of, 145; central opacity of, 253.
Correspondence: The low rate of mortality in Philadelphia in 1860, from Veritas, 24; a new theory of phthisis, 129; mercury in hydrophobia, 129; erysipelas complicating vaccination, 151; letter from Dr. Wilbur, 152; "Audi alteram partem," 152; letter from Dr. Gregg, 191; editorial, American Medical Association, 212; Anæsthesia in dentistry, 266; medical ephemeralism, 282; *Dr. Atlee*, fees for post mortem examination, 308; vaccine physicians, their compensation, 364; Dr. Holmes' address, 383; American Dental Association, 403; Dr. Holmes' address, 425; medical education, 446; medical education, 461; quack advertisements in religious newspapers, 482; onanism in lower animals, 483; from New York, 505.
European, 324, 343, 363, 402, 445, 458, 481.
Corse, Dr. James M., abortion, its causes, dangers and treatment, 518.
Coxalgia, 53.
Craniotome, description of, 295.
Cross, Dr. Jeremiah A., disease of the uterus, 91; spontaneous fracture of the os femoris and pelvis from cancerous deposit, 309.
Croup—intestinal in children, 208; and scarlatina, 312; and tracheotomy, 464.
Croupous diathesis in children, 543.
Cyst, ovarian discharge of contents through bladder, 126.
Cystic kidney, 537.

Deafness from impacted cerumen, 538.
Death from chloroform, 338.
Deathbed of an anatomist, 287.
Delirium—puerperal, 391; tremens, 354, 474.
Deformity, congenital, extreme, 449.
Demmé, Dr. Theodore A., a description of craniotome for post-mortem examinations, 295.
Diabetes, 435.
Diabetes mellitus, clinical lectures on, 467, 487.
Diarrhœa—from teething, sulphate of copper in, 15; chronic, 397, 418.
Dipsomania, 387.
Diphtheria, 516; discussion on, 55, 161, 313, 333; and erysipelas, 269.
Diseases—comparative fatality of, 61; of children, influence of sex on, 367.
Disinfectants, coal tar, 63.
Dislocation—of humerus, reduction of, after eighteen weeks, 220; of femur on dorsum ilii, 517.
Dissection, new method of, 386.
Dodd, Dr. B. L., duration of gestation in a medico-legal point of view, 296; obstetrical report of one hundred cases, 298.
Dougherty, Dr. Alexander N., unilocular ovarian cyst, injection of iodine, 373.
Doughty, Dr. Wm. H., purpura urticans, 431.
Draper, Dr. James A., experiments by vivisection, to test the value of the diagnostic symptoms of certain wounds of the chest, 29.
Dry gangrene, remarkable case of, 303.
Drunkenness, statistics of, 367.
Duration of gestation in a medico-legal point of view, 296.
Dutcher, Dr. A. P., Thompson's gingival margin, a sign of pulmonary tuberculosis, with cases, 369.
Dyspepsia, cases of, 419; use of arsenic in, 422.
Dysentery, relief of tenesmus in, 16.

Ear, inflammation of, 101.
Eclampsia, 391.
Editorials: a new volume, 20; natatorium and physical institute, 20; low rate of mortality in Philadelphia, in 1859, 22; Dr. Langer on external manipulation to correct malpositions of the fœtus in utero, 23; sad condition of English operatives, 23; new edition of Hippocrates, 23; high rate of mortality in children, 65; publications of American Medical Association, 65; remuneration of medical services in the navy, 40; the adulteration of spirituous liquors, 43; the portrait, 46; new and important arrangements, 84; country students, 85; anthropological society, fossil man, 86; groundless apprehensions, 87; meeting of the American Medical Association, 108; Dr. Gregg's communication, 109; poisoned by mistake, 127; presidency of the American Medical Association, 128; a narrow view of the American Medical Association, 128; reform in weights and measures, 150: causes of insanity, 168; international copyright, 188; the slaughter of the innocents, 189; the catalogue nuisance and book-notices, 190; anæsthesia in dental surgery, 211; meeting of the American Medical Association, 245; our position, 246; the three medical conventions of 1860, 264; a new weekly medical journal, 265; anæsthesia in dental surgery, 265; reforms in medical education, 279, 304, 321, 342, 443; municipal liberality, coroner's inquests, 281; sea-bathing, 282; compensation for post-mortem examination, 307; selling poisons, 322; the ophthalmoscope, 323; currents and counter-currents in medical science, 358; one general introductory, 360; post-prandial complaints, 361; the meteor of July 20, 1860, 361: non-military physical training, 381; American Medical Association, 382; the great unwashed, 399; coroner's inquests and post-mortem examinations, 401; death from chloroform, 402; a higher degree in medicine, 422; currents and counter-currents in surgery, 424; "cui bono," 440; deaths from chloroform, 442, the registration law, 443; cellar tenements, a nuisance, 444; the quack-medicine nuisance, 456; refuses to be called "doctor," 457; ventilation of public buildings; the new court houses, 477; a misapprehension corrected, 478; sea-bathing, 479; selling poisons, 501; clinical instruction in Philadelphia, 502; ridicule and contempt, 503; apologetic, 504; balloon voyage

to Europe, 504; quack advertisements and the "New York Times," 524; close of second year, 544; empirical innovations and scientific progress, 545; a word with the A. V. S.," 546.
Elephantiasis ligation of femoral artery, 64.
Ellet, Dr. E. C., strangulated umbilical hernia, 52.
Elmer, Dr. G. E., mercury in hydrophobia, 130.
Elytrorrhaphy, 472, 491.
Elsberg, Dr. L., periscope by, 13, 355.
Empyema, case of, following typhoid pneumonia, 514.
Endermic application of morphia, 155.
Enlargement—scrofulous, of finger, 145; of liver and spleen, 435.
Entropion, 161, 302.
Epithelioma—of lip, 82; of cheek, 160.
Epistaxis, case of violent, 249.
Episcopal Hospital, new building of, 109.
Erysipelas, 79; complicating vaccination, 151; epidemic of, with diphtheria, 269.
Excreta, solid matter in, 278.
Exophthalmos, two cases of, 380.
Experiments by vivisection, to test the value of the diagnostic symptoms of certain wounds of the chest, 29.
Extra-uterine fœtation, 398.
Extension of knee-joint, apparatus for, 351.
Extrophy of bladder, 121, 179.
Extraction of a fragment of silver catheter from the bladder, by lithotomy, 3.

Femur, fracture of, determining shortening, 63.
Fever, African, 451.
Field, Dr. C. C., extreme congenital deformity, 449.
Fistula, vesico-vaginal, 421; operation for in Paris, 48.
Fœtation, abdominal, extra-uterine, 398.
Fœtus, coloring the bones of by madder, 326.
Forman, Dr. S. R., puerperal peritonitis, poisoning by veratrum viride, 198.
Fountain, Dr. E. J., new theory of phthisis, 62.
Fœtus in utero, malposition rectified by external manipulation, 71.
Foot, lacerated and contused wound of, 517.
Fracture—of femur, shortening, 63; of humerus, 498; formation of callus in, 107; of leg, 436, 453; of knee joint, compound, comminuted, 497; of ulna, compound, 437; of skull, compound, 518.
Fracture, spontaneous of os femoris and pelvis from cancerous deposit, 309.
Fractures, extension in, 506.
Fractures and dislocations, on immediately dressing, 14.
Fracture bed, new form of, 352.
Fryer, Dr. B. E., clinical reports, 421.
Fungus hæmatodes of ankle, 474.

Gangrene, dry, remarkable case of, 303.
Gardner, Augustus K., apoplexy of the lungs as an accident of labor, 183.
Gastritis—a potu, 146; acute, 353.
Gebhard, Dr. L. P., on gastritis a potu, 146.
Gestation, duration of in a medico-legal point of view, 296.
Gingival margin, a sign of tuberculosis, 369.
Girl, young, apoplexy in, 379.
Gonorrhœa, new injection in, 505; ophthalmia and rheumatism, 157, 179.
Gonorrhœal rheumatism, 144.
Grant, Dr. G., elytrorrhaphy, 472, 491.
Grape cure, 483.
Greene, Dr. F. V., case of congenital deficiency of the abdominal parietes, 197.
Gregg, Dr. P., reply to Dr. Wilbur, 96.
Gross, Prof. S. D., clinics, 53, 82, 103, 123, 144, 181.

Hackley, Dr. Charles E., clinical reports, 144, 182, 302.
Hæmatocele, retro-uterine, 450.
Hæmatine and its detection, 394, 414, 432.
Hartshorne, Dr.. E., clinics, 495.
Heart—disease of, and albuminuria, 251; auricles, action of, 16; diseases, clinical observations of, 93; dilatation of right side of, 181; rupture of right auricle of during labor, 351; valoular disease of, 517; hypertrophy of, 337.
Hernia—strangulated, operation and treatment for, 52; into the umbilical cord, 197; strangulated, operation for in an infant, 378; strangulated, operation, 474.
Herpes zoster, 515.
Heller, Dr. J. F., on hæmatine and its detection, 394, 414, 432.
Hip-joint, disease 53; amputation of, 378.
Holopathy, 27.
Hospital Practice, Illustrations of—
Pennsylvania Hospital, 79, 101, 122, 140, 157, 179, 204, 225, 250, 397, 417, 434, 450, 494, 515, 535.
Philadelphia Hospital, 352, 375, 419.
Wills, (Ophthalmic,) 144, 253, 302.
Jefferson College, 54, 103, 145, 160.
College of Physicians and Surgeons, New York, 303.
Episcopal Hospital, 420, 436, 452, 474, 497.
Howard Hospital, 537.
Hoyt, Dr. Wm. D., case of resuscitation by Marshall Hall's method, 139.
Humerus, dislocation of, 220.
Hunt, Dr. Wm., collodion in the treatment of venereal warts and other surgical affections, 70.
Hydrocele—congenital, 82, 161; double, 474; treated by iron-wire seton, 474.
Hydrostatic test, 135, 200, 223.
Hygiene of cities, 406.

Idiots, institution for, in Kentucky, 285.
Infanticide, case of supposed, 135, 200, 223.
Injections—subcutaneous, 15; of iodine in ovarian cysts, 373.
Injury, severe case of, 103.
Insanity—etiology of, 59; causes of, 168, 170.
Intermittent Fever,—sugar in the urine in, 167; cinchonine in, 275; piperine, 406.
Intermittent fever, 435.
Introductory Lecture to Pennsylvania Hospital, 140.
Iodide of potassium in rheumatism, 272, 434.
Iodine—injections of in empyema, 108; therapeutical uses of, 124.
Iodohydrargyrate of iodide of iron, syrup of, 406.
Irritation, spinal, 101.
Irritable mammæ in males, 181.

Japanese Doctors, 173, 246, 247.
Jaundice, case of, 417.
Johnson, Dr. W., Protracted labor, uterine hemorrhage, fibrinous coagula, 391.

Kenderdine, Dr. R. S., Clinics, 420, 436, 452, 474, 497, 517.
Knee-joint—surgical apparatus for extension of, 351; compound comminuted fracture in a somnambulist, 497.
Knock-knees, operation for by subcutaneous tenotomy, 329.
Kuechler, Dr. Max, The present state of ophthalmoscopy, 372, 389, 414, 429, 493, 513, 534.

Labium, aquatic tumor of, 124.
Labor, protracted, 391.
Langer, Dr., Ignatius, version of fœtus in utero, reply to the Scott County Society, 5; correction of mal-position of fœtus in utero by external manipulation, 71.
Laryngitis—chronic, 101, 123, 145; specific, 159, 181.
Laryngoscopy, 207.
Lead poisoning, 436, 451, 453.
Lectures, clinical, on diabetes mellitus, 467, 487.
Leeches, preservation of, 523.
Lehlbach, Dr. Ch. F. J., case of supposed infanticide, with remarks on the hydrostatic test, 135, 200, 223.
Levick, Dr. J. J, Introductory Lecture, 140; clinics, 122, 144, 179, 204, 225, 250.
Levis, Dr. R. J,, clinics, 354, 377, 419.
Leucorrhœa, 435.
Life, duration of among medical men, 14; without respiration, 356.
Lip, carbuncular inflamation of, 273.
Lithotomy—in child four years old, 84; for foreign body, 3.
Littell, Dr., clinics, 144, 182, 302.
Liver, enlargement of, 435.
Livezey, Dr. Abraham, use of quinine in scarlatina, 249.
Livezey, Dr. Edward, clinical reports, 495.
Lost people, relics of, 384.
Love, Dr. J. H. H., abdominal wound, with protrusion of omentum; carbuncular inflammation of the lip, 273.
Ludlow, Dr. J. L., Surgical apparatus for the extension of the knee-joint, 351.
Lung, wound of, 103.
Lungs—apoplexy of, as an accident of labor, 183; substances introduced in with the air, 339.
Luxation, of shoulders downward, from muscular exertion, 498.

Males, irritable mammæ in, 181.
Malingering, curious case of, 83.
Malposition of fœtus in utero, corrected by external manipulation, 71.
Malpractice, 406.
Mammæ, irritable in males, 181.
Mammary Gland—scirrhus of, 54; removal of, 159; inflammation and abscess, 266.
Mania—a-potu, 474; puerperal, 118.
Manipulation external, to rectify malposition of fœtus in utero, 71, 96; turning, by, 368.
Marshall Hall's method, resuscitation by, 139; in hanging, 506.
McQuillen, Dr. J. H., anæsthesia in dentistry, 266.
Medical Instruction, Philadelphia Association for, 27.
Medical Societies:—
Philadelphia County Medical Society, 34, 54, 161, 191, 313, 333, 518, 538.
Essex County (N. J.) Medical Society, 105.
Northern Medical Association of Philadelphia, 146.
Pennsylvania Medical Society, 153, 254.
Iowa Medical Society, 153.
Medico-Chirurgical College of New York, 183.
American Medical Association, 228.
Medical Society of the County of Albany, 274.
Medical Association of Southern New York, 131.
Medical journals, new, 131.
Medical Men, duration of life among, 14.
Medicines, tasteless, 120.
Meigs, Dr. John F., clinics, 397, 417, 434, 415, 494, 514, 535; clinical lectures on diabetes mellitus, 467, 487.
Mennigitis, spinal, case of, 419.
Menses, retained, death following an operation for, 208.
Milk—fermentation of, in mammæ, 378; preservation of, 26.
Missionaries, medical men as, 88.
Morphia, endermic application of, 155.
Moon, Dr. W. P., clinical reports, 53.
Mortality—of the blind, 462; low rates of, in Philadelphia, 24; rate of, in London, 194; in the Philadelphia almshouse, 364.
Morton, Dr. J. G., case of undescended testicle, followed by peritonitis and death, 116.
Muscular exertion, luxation from, 498.
Muscular fibres, presence of, in walls of the pulmonary vesicles, 454.
Myringitis, 79, 101.

Navy, remuneration of medical services in, 40.
Neck, scrofulous abscess, 104.
Neonati, the termination of life in, 355.
Necrosis, of tibia, 82.
Neonatus, death of, by falling into a sink, 356.
Neuralgia—facial, 535; extensive operation by Dr. Carnochan, 68.
Neuralgia, importance of rest in, 435.
New articulation, attempt to form a, 81.
New-born, determination of life in, 355, 356.
Nitrate of iron in diarrhœa, 397.

Obstetrical cases, report of one hundred, 298; brief of sixty-one, 450.
Œdema of brain, 357.
Œsophagus, spasmodic stricture of, 145.
Omentum—protrusion of, 271; portion of removed during life, 287.
Opthalmoscopy, the present state of, 373, 389, 414, 429, 493, 513, 534.
Osborne, Dr. E. A., scarlatina, 270.
Osmosis, pulmonary, 209.
Ovarian Cyst, unilocular, injection of iodine, 373.
Ovum, degenerated, 91.
Ozœna, 123.
Ozone, 367.

Palmer, Dr. O. D., periscope by, 59.
Palsy, curious receipt for, 286.
Pancoast, Prof., clinic, 81.
Paralysis—of face, relief of deformity, 64; of the forearm and hand, 82; facial, 451.
Parker, Willard, Prof., clinic, 303.

Pathological Specimens—Tubercles of lungs and bowels, 158; fatty degeneration of heart, liver and kidney with cysts of kidney, 181, 516; scrofulous and fatty liver, 536.
Pelvis, fracture of 437.
Penis—cancer of, amputation, 420; gun shot wound of, 517.
Pericarditis in birds, 287.
Periodicity, 87.
Peritonitis, puerperal, case of 198.
Phellandrium aquaticum, therapeutical uses of, 105.
Phosphornecrosis, 27.
Phthisis—144; new theory of 62; treatment of by chlorate of potass, 522.
Piperine in intermittent fever, 406.
Pityriasis versicolor, 144.
Plastic operation for cancer, 103.
Plugging nose with distended œsophagus in epistaxis, 249.
Pneumonia, double, 352, 494.
Poisoning, by colchicum, 465; insufficiency of English laws in cases of, 26.
Polyphagy, remarkable case of, 346.
Pregnancy, fallopian, rupture, death, 125.
Pregnant women, ages of 287.
Prizes, medical, Dr. O'Reilly, 67.
Prize-ring, a medical view of, 192.
Prophylactic treatment of miasmatic diseases, 511.
Propylamine, in acute rheumatism, 179, 204, 225; iodide of 484.
Prostate, enlargement of, 452.
Pulmonary vesicles, presence of muscular fibres in, 454.
Pupil, artificial, 182.
Purpura, three cases of, 437; two cases of 349; urticans, case of, 431.
Purpura hæmarrhagica and tuberculization, 277.
Pyemia, 375.

Quinine, a specific in scarlatina, 187; use of in scarlatina, 249.

Radius, resection of entire, 186.
Recti muscles, insufficiency of, 313.
Report, obstetrical of one hundred cases, 298.
Retro-uterine hæmatocele, 450.
Reviews and Book Notices—*Todd*, Dr. Robert Bentley, clinical lectures on certain acute diseases, 18; *Hamilton*, Dr. Frank Hastings, a practical treatise on fractures and dislocations, 19; annual address on the events of the year, delivered before the Philadelphia County Medical Society, by Dr. Benjamin Horner Coates, 64: Epitome of Braithwaite's Retrospect, 65; Clinical Lectures on the Principles and Practice of Medicine by *John Hughes Bennett, M. D.*, 39; lectures on the diseases of infancy and chilhood, by *Charles West, M. D.*, 126; Valedictory Address to the graduating class of the St. Louis Medical College, by *Charles A. Pope, M. D.*, 127; *Joseph Toynbee, F. R. S.*, the diseases of the ear, their nature and treatment, 148; *Althaus, J., M. D.*, a treatise on medical electricity, theoretical and practical, and its use in the treatment of paralysis, etc., 188; transactions of the Medical Society of the State of New York, 209; *Paine*, Dr. Martyn, the Institutes of Medicine, 210; *Brinsmade*, Thomas C. M. D., record of private practice, 210; *Elwell*, *Dr. J. J.*, a medical treatise on malpractice, and medical evidence, etc, 278; proceedings of the Sixty eighth Annual Convention of the Connecticut Medical Society, 279; *Dr. Daniel's* anatomy of the fifth pair of nerves, 279; *Forbes Winslow*, M. D., on obscure diseases of the brain and disorders of the mind, etc., 339; *John O'Reilly*, M. D., the anatomy and physiology of the placenta—the connection of the nervous system of animal and organic life, 439; *Dr. Cumming*, food for babes, or artificial human milk, and the manner of preparing it, etc., 455; *Dr. Rezin Thompson*, a treatise on fever, its cause, phemomea, etc., 476; transactions of the Medical Society of the State of Pennsylvania, 499; *Hartshorne, Henry, A. M., M. D.*, Memoranda Medica, or Note Book of Medical Principles, 544.
Rheumatism—gonorrhœal, 144; acute, propylamine in, 179, 204, 225, 251; iodide of potassium in, 272, 432.
Robarts, Dr. Jas., extraction of a fragment of a silver catheter from the bladder by the operation of lithotomy, 3.
Rupture of tendon of rectus femoris and crureus, 452.
Russia, births and deaths in, 67.

Santonine in amaurosis, 187.
Sarcina, occurrence of, in the urine, 15.
Sarsaparilla, uselessness of, 499.
Scarlatina—quinine a specific in, 187; use of quinine in, 249; treatment and result of thirty-four cases, 270; scarlatina and croup, 312.
Scirrhus, of mamma, 145.
Scrofula, 54.
Sex, influence of, on diseases of children, 367.
Sherrard, Dr. C. C., scrofulous disease of spine, 332; tubercular deposits in the walls of the heart, 332; clinical reports, 352, 354, 377.
Scholl, Dr. Edward H., puerperal mania, typhoid fever, belladonna as an antigalactic, 118; brief of sixty-one obstetrical cases, 450.
Short-sightedness, an easily applied treatment of, 13.
Sigmund, Dr. A. M., epidemic of diphtheria and erysipelas, 269.
Skull—depression of, 159; compound fracture of, 518.
Slough, spontaneous, 102.
Smith, Dr. F. Gurney, clinics, 79, 101.
Snake bites, 338.
Special hospitals, 426.
Spectacles for short-sighted soldiers, 167.
Spinal irritation, 101.
Spinal tenderness, subcutaneous injection, 252.
Spinal spasm, 397.
Spine—curvature of, 104; scrofulous disease of, 332.
Spiral spring remaining in the trachea for more than a year, death, autopsy, 4.
Spiritualism in medical practice, 130.
Spleen, enlargement of, 435.
Spontaneous slough, 102.
Spontaneous fracture of femur and pelvis from cancerous deposit, 309.
Sternum, separation of the bones of, 103.
Strangulated hernia, operation and treatment for, 52.
Stricture, chronic, of urethra, 81.
Strychnia, tannin as an antidote to, 507.

Subcutaneous injections, 15, 398; in puerperal convulsions, 167; in spinal tenderness, 252.
Sulphate of copper in diarrhœa from teething, 15.
Sunstroke, 378; case of, 419.
Superstition and credulity, 386.
Surgery, French, inhumanity, of, 62.
Suture, Sims', 28.
Swallowing indigestible substances, 523.
Swinburne, Dr. John, dislocation of humerus, 220.

Talipes—varus and equineus, 124; varus, 146.
Tannin as an antidote to strychnia, 507.
Tendons, rupture of, 452.
Tenotomy in insufficiency of the recti muscles, 313.
Testicles undescended, inflamed, peritonitis, death, 116.
Tetanus, 436; idiopathic, 17.
Terry, Dr. H. R., spiral spring remaining in the trachea, 4.
Thompson, Dr. J. W., (of Philadelphia,) tasteless medicines, 120; improved anterior arm-splint, 390.
Thompson, Dr. J. W. (of Kentucky,) case of violent epistaxis, 249.
Tibia, necrosis of, 82.
Tight lacing, evils of, 166.
Tilton, Dr. Henry R., clinical reports, 420, 436, 452, 474, 497.
Tonsils, enlargement of, 146.
Tornado, great, in Iowa, 283.
Torpedo, electro-motor power of, 507.
Torture of criminals, 446.
Trachea, spiral spring remaining in for one year; death, autopsy, 4.
Treatment, prophylactic wholesale of miasmatic diseases, 511.
Trephine, improvement in, 154.
Trephining in syphilitic disease of the cranium, 499.
Trichinæ spirales—death from, 275; experiments on, 422.
Tubes, illuminating, 63.
Tubercular deposit in walls of the heart, 331.
Tuberculosis, the gingival margin a sign of, 369.
Tuberculization and purpura hemorrhagica, 277.
Tumor—aquatic, of labium, 124; fatty, on shoulder, 452; in the neck, 159.
Tumors, encysted, in thyroid gland cured by iodine injections, 287: erectile, 438
Turnbull, Dr. L., clinical observations of cardiac diseases, with cases, 93; clinic, 537.
Typhoid fever, 118, 121, 144, 157, 204, 250, 251; retrocession of, 451.
Typhus fever, 353.

Uræmia, 499.
Urethra—false passages of, 452; stricture of, 81.
Urine—occurrence of sarcina in, 15; sugar in, in intermittent fever, 167; drinking urine, 385; retention of, 452.
Uterus, disease of, 91; rupture of, 91.

Vaccinematter, xeperiments with, on cows, 17.
Vaccine regulations, 308.
Vaccination, new instrument for, 186.
Valerian, acetous tincture of, 140.
Varicose veins, new operation, 354, 420.
Venereal warts, 53; collodion in the treatment of, 70; case of, 82.
Veratrum viride, poisoning by, 198.
Vesico-vaginal fistula, operation, 148, 421.

Walter, Dr. A. G., knock knees, operation for, by subcutaneous tenotomy, 329; operation for bowlegs by subcutaneous section of the tendons of the semi membranosus and semitendinosus, 409.
Warts, venereal, 53.
Wholesale prophylactic treatment of malarious diseases, 511.
Wood, Dr. Geo. B., closing address to the class, on retiring from his professorship, 69; dinner to, 170.
Woodward, Dr. B., scarlatina and croup, 312.
Wound—of lung, 103; abdominal, with protrusion of omentum, 271; of ascending colon, 473; lacerated, of hand, 496.
Wounds of the chest, experiments by vivisection to test the value of the diagnostic symptoms, 29; lacerated, of scalp, 103.

Zinc instead of lead paint, 27.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 181. } PHILADELPHIA, APRIL 7, 1860. { NEW SERIES VOL. IV. NO. 1.

ORIGINAL DEPARTMENT.

Communications.

ANATOMY

IN ITS RELATIONS TO

MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 25.

INTRA-ORBITAL REGION — (*continued.*) — The periosteal layer of the orbit being quite strong, it will serve to form a very good floor for the support of the eye, in cases where disease renders it necessary to remove the entire upper maxillary bone, and therefore, when admissible, should be separated for this purpose. The direction of the orbits is such as to give an immense compass to vision, and a knowledge of the situation of the different sutures, as already stated, will aid materially in the removal of such portions of the orbital walls as may be necessary, when in a state of necrosis.

The eye consists of several tunics, concentrically arranged, in the interior of which are humors or lenses, with a muscular apparatus for movement. The human eyeball is spheroidal in form, and in all vertebrated animals the plan and the parts of this organ are almost identical. Its antero-posterior diameter is a trifle greater than the transverse. This diameter will be determined by the medium in which the animal subsists. The more dense that medium, the less will be its extent, as for example, in the eye of fishes. Let us proceed to examine the tunics in the order of superposition.

Conjunctiva.—This is a mucous membrane, the palpebral part of which has already been described. The remaining portions are the *sclerotic* and *corneal*. After lining the eyelids, it is reflected upon the sclerotic coat of the eye, advancing forward to the cornea, around the circumference of which it is firmly adherent. This constitutes the *sclerotic* conjunctiva; it is quite light in color, and is entirely destitute of the papillæ possessed by the palpebral layer. Its vessels exist in two planes; one from the palpebral and lachrymal, the other from the ciliary arteries. They are arranged in the form of an intricate network, which terminates around the corneal circumference in a beautiful looped arterial circle. The sclerotic conjunctiva is quite loosely connected to the parts beneath by the sub-conjunctival or ocular fascia.

Corneal Conjunctiva.—In the healthy state this layer is non-vascular. It is composed of cells, supported on a somewhat indistinct layer of homogeneous membrane, which has been regarded as the remnant of the vascular constituents, which are present at an early period of life. It would seem more probable that this layer is only the limitary membrane, minus the vascular element of the sclerotic layer continued on over the cornea.

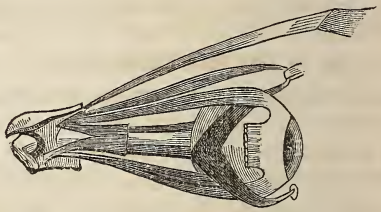
Practical remarks.—The sclerotic conjunctiva being destitute of the papillary eminences, cannot therefore be the subject of granular disease like that of the eyelids, nor is it often the seat of tumors. Being possessed of fewer vessels than the palpebral layer, its natural healthy color should be quite light. Its inflammation can readily be distinguished from

the areolate arrangement of the vessels. Its loose attachment to the parts beneath will admit of much diffused swelling. As it is reflected from the posterior part of the lids to the eyeball, it completely separates the anterior part of the eye from the posterior part of the orbit. In fractures through the anterior part of the cranial base, as where the orbital plate of the frontal bone is split, the leakage of blood which may follow will find its way beneath the sclerotic conjunctiva, and aid very much in the formation of an opinion as to the nature of the accident. A triangular expansion of vessels, supported by the conjunctival cellular tissue, is frequently seen to extend from the lachrymal caruncle toward the cornea, constituting "*pterygium.*" Its situation at the inner angle of the eye is most probably caused by the great number of inosculating vessels, and the apparent excess of the mucous and sub-mucous tissue at this particular region. When the anatomical constituents of these growths are considered, there appears no reason for making the various distinctions of some authorities, connective tissue and blood-vessels being always the essential parts, modified somewhat by the preponderance of the one or the other. In the excision of such, the dissection should not be carried too near the caruncle, otherwise this body, losing much of its support, both it and the plica semilunaris may retire so far out of their proper situation as to produce deformity or difficulty in the escape of the tears into their proper channels. In jaundice the conjunctiva becomes yellow. The seat of this icteration of color is in the submucous tissues, exterior to the vessels and is remarkable for its long continuance.

The vessels which are seen stretching across the corneal layer, in acute inflammations are elongated from the circumferential loops under blood pressure. The circumscribed red spots often seen upon the cornea are extravasations from the same source. As the corneal layer is made up of layers of cells, the expression of the eye will be influenced very much by their fluid contents. Naturally, these are highly refractive, and when clear and transparent, communicate a brilliant, vivacious expression. When their contents become opaque, the expression is dull and lifeless. Such changes often are among the earliest signs of failure of the vital forces. The glazed eye, or the film which gathers over the cornea, foreshadowing approaching dissolution, is produced by the change in the cell contents.

Muscles of the Eyeball.—There are six muscles within the orbit, which are attached to the eyeball, and one to the eyelid. Four of these, from their direction, are called straight, or recti muscles, and distinguished from each other by position, as external, internal, superior and inferior recti; two oblique, superior and inferior.

Fig. 24.



Muscles of the eyeball and eyelid.

The straight muscles have their origin around the optic foramen, and widening, as they pass forward, are attached by tendonous expansions to the sclerotic coat, a short distance behind its union with the cornea. These tendons blend at their margins in such a manner as to form a continuous collar, or a rim on a line with, and a short distance posterior to their insertion. In many of the lower animals, there is within the recti muscles a hollow muscle which arises around the optic opening, and completely encloses the optic nerve, and the posterier part of the globe "the *choroid muscle.*" The superior oblique has a remarkable disposition; arising from the upper and inner part of the optic foramen, it runs to a point within the internal angular process of the frontal bone, where it passes through a small pulley, returning, in a measure, upon itself, and passing beneath the superior rectus is inserted between this last muscle and the external rectus, posterior to the middle of the globe. The inferior oblique muscle arises from the ante-

rior and inner part of the orbital floor, and is attached to the ball at its outer and posterior surface, beneath the rectus externus. These muscles all lie buried in the cellulo-adipose tissue of the orbit, and are enveloped in a sheat called the *ocular fascia*, the same structure usually spoken of as the sub-conjunctival cellular tissue, a very important portion in the anatomy of the eye. This fascia has been the subject of a very excellent article by Mr. Ferral, in the Dublin Journal of Medical Sciences, several years ago; in which the practical influence of the structure has been pressed, probably unnecessarily. It extends from the bottom of the orbit, being attached there, to the optic nerve, forward, forming sheaths for the several muscles, is attached to the trochlea of the superior oblique muscle, and by a thin expansion is reflected with the conjunctiva upon the eyelids, terminating with them at their fibrous attachment to the periosteum of the orbit. It is much less closely adherent to the tendons than the fleshy portion of the muscles. The Levator palpebræ, described in a previous paper, is the highest of the orbital muscles.

Nerves.—The muscles all receive their sensitive branches from the ophthalmic branch of the fifth pair, which enters the orbit through the sphenoidal fissure. Their motor supply is remarkable, no less than three pairs of cranial nerves contributing to this end. The *third pair* supplies all except the superior oblique, and the external rectus, the former is supplied by the *fourth* and the latter by the *sixth* nerve, all of which enter the orbit through the sphenoidal fissure.

Arteries.—These are from the *ophthalmic* of the internal carotid, which passes in through the optic foramen with the optic nerve. A few branches from the internal maxillary may be seen entering through the spheno-maxillary fissure.

Veins.—The venous trunks coalesce to form the ophthalmic vein, which escapes through the sphenoidal fissure terminating in the cavernous sinus.

Practical observations.—The four straight muscles, when possessed of a perfect equilibrium of power, will keep the eye steady, and in the direction of the orbital axis. This is their prominent duty. A moment's examination will satisfy any one that we direct our vision to different objects more by turning the head than by moving the eyes. The sick and the lunatic are in most instances, exceptions to this rule. When acting separately with vigor, these muscles are productive of very opposite expressions. Thus let the superior rectus exert a strong contraction, turning the eye somewhat upward, and if the head at the same time be elevated, a proud air will be apparent. It is the carriage and port which the Wise man, no doubt, had in view when he coupled with it a proud heart. "A high look, and a proud heart, and the ploughing of the wicked is sin."

If the inferior rectus acts with unwonted force, the eye is turned downward, giving an expression of humility or modesty. If the external rectus force the ball outward, then anger, or suspicion, or jealousy is the predominating passion. If the internal rectus draws the eye inward, the expression is tender and loving.

Extraction of a Fragment of a Silver Catheter from the Bladder by the Operation of Lithotomy.

By JAMES ROBARTS, M. D.,
Of Carbondale, Ill.

Rev. Mr. J., while hastily performing on himself the operation of catheterism, which, on account of an old stricture, he is obliged daily to practice, broke the instrument within the urethra. As the catheter could not be felt in the course of the urethra, it was evident that the broken end had slipped into the bladder, and the operation of lithotomy for its removal was immediately determined upon.

This was the *third* accident of the kind which had happened to the same patient. On the first occasion, I removed the fragment from the urethra by perineal section. At the second similar accident, two months ago, the patient complained for a few hours of severe pain, but which then entirely subsiding, it was believed the piece instead of receding into

the bladder had escaped unnoticed from the urethra and fallen to the ground.

The catheters which were in such frequent use by the patient, had evidently become so attenuated by the oxidizing properties of the urine that when roughly forced into the bladder in the haste to relieve it, they were easily broken.

The operation performed for the extraction of the fragment was the lateral method, performed by cutting down on a staff in the usual manner. Through a small opening made in the prostate gland forceps were introduced, and a body at once seized, which on being drawn out proved to be the piece of catheter lost in the bladder at the second accident, two months previously. It was blackened and covered with dark clotted blood. The piece, which had been the object of the operation, was with difficulty extracted on account of the rough, broken end catching in the folds of the collapsed bladder. It was five inches in length.

The patient is now, six days after the operation, doing well, and I have ordered made for him a strong gold catheter to insure him from another repetition of this dangerous accident.

Spiral Spring remaining in the Trachea for more than a Year—Death and Autopsy.

By H. R. Terry, M. D.,
Of Edinboro, Pa.

I first saw the patient in last July, at which time the mother gave the following account of the case:

The child was born in February, 1858, and continued in good health until the 26th of December of the same year, when, during the absence of the parents at church, it was on the floor with the rest of the children, who were cracking and eating almonds. Requiring some attention, it was lifted to the lap of one of the elder children, when it became suddenly and violently strangulated. Some almond shells were at once removed from the child's mouth, but the strangulation continued most intensely until the parents returned. The mother undertook to examine the throat with her finger, and felt some hard foreign substance there which receded from her finger, and, as she supposed, passed down the throat to the stomach. The infant then became quiet, and slept for a short time.

On waking, it suffered with dyspnœa and irritation about the fauces, and would grasp its throat, and make frequent attempts to swallow.

On the next morning, the symptoms continuing, the family physician was called in, who considered the disease to be croup. No relief being obtained, some prominent physicians of Erie City were consulted, who decided the condition to be laryngitis, and prescribed accordingly. The child was still unrelieved, and continued failing, with no treatment but some domestic remedies, until I first saw it, as stated, in July last—seven months after the first appearance of the symptoms.

I found the child much emaciated; pulse 160; cough almost incessant, with dyspnœa; expectoration frothy, mucus streaked with blood; deglutition difficult, producing paroxysms of strangulation and violent action of the heart. The suffocation was increased by a recumbent posture.

I became convinced that a foreign substance was lodged in the trachea, and so expressed myself to the parents.

In December last, I again saw him with the sufferings increased, and simply prescribed anodynes. The little sufferer languished until his death, on the 22d of February, 1860.

Autopsy: An incision into the upper part of the trachea showed nothing unusual, excepting a small coagulum of blood lodged in the larynx, and no appearance of inflammation or ulceration. Continuing the incision to the bifurcation of the trachea, the scalpel struck against a metallic substance, which, on being exposed, appeared to be a brass wire, firmly imbedded. A circular motion in one direction was required to remove it, and when taken out it proved to be *a brass spiral ring* from a spring clothes-pin, composed of six coils, seven-eighths of an inch in length, and five-twelfths of an inch in diameter. The wire was blackened, but not deeply oxidized.

The spring had remained in the trachea thirteen months and twenty-seven days.

Version of Fœtus in Utero, by External Manipulations—Dr. Langer's Reply to the "Vindication of the Scott County (Iowa) Medical Society."

Presented by HARVEY B. WILBUR, M. D.,

Of Syracuse, N. Y.

To the Editors of the Philadelphia Medical and Surgical Reporter:

I have already sent to your journal a brief statement of the facts in the case of Dr. I. Langer, which led to his expulsion from the Scott County (Iowa) Medical Society. That article was written, as I then mentioned, without consultation with Dr. Langer, and solely to correct misapprehensions that might be occasioned by a hasty perusal of a paper which appeared in your journal of February 25th, entitled a "Vindication of the Scott County Medical Society."

I have just now received from Dr. L. a reply in full to that "Vindication," which he wished me to transmit to you for publication. As I had already, in the former paper, anticipated him in some points, I have ventured to alter the form of his defence, leaving out certain portions of it. Exercising thus a very large liberality in the editing of his communication, I am aware that I shall run the risk of weakening the force of it by the necessity thrown upon me, in avoiding repetition, of altering his whole arrangement.

As this may, however, fall into the hands of some who have not seen the other paper referred to, it may be well to recapitulate, so far as to introduce to the medical public the parties to this controversy, before considering the real issue between them. The Scott County Medical Society is a very respectable body of practitioners of medicine, (some twenty in number,) represented, in the main, so far as this case is concerned, by the physicians of Davenport.

The vote of expulsion from that society, which brings Dr. Langer and his practice before the public, was carried, eight voting in the affirmative, and one in the negative. The character and spirit of a moiety of these eight voters, I think, will sufficiently appear on a further examination of their proceedings.

Dr. Langer is an accomplished Hungarian; thoroughly educated in his profession, and having also had, in the special department of obstetrics, the advantage of several years' residence in the Lying-in-Hospital of Vienna, where seven or eight thousand births annually take place.

In the resolution of expulsion, he is charged "with making and repeating, from day to day, certain unwarrantable examinations and manipulations of a pregnant female, previous to the time of labor, with the pretended object of discovering and correcting a mal-position of the fœtus in utero, and of publicly proclaiming the objects of his repeated visits;" "that, in spite of a vote of the society condemning the practice, he still persists in his avowed determination of requiring females to submit to any examination he may think proper;" "that he had been duly convicted before a committee of the society, appointed for the purpose of investigation, of being boastful and of forcing himself into families by voluntary advice;" "that he had uttered contumelious remarks against his accusers during the progress of the investigation."

It has also been officially promulgated by this society, that he is habitually "mendacious;" that he foisted himself into the American Medical Association at its last session; and a few other minor charges not necessary to be specified.

To these numerous specifications, Dr. Langer makes a general denial. As the society has published the matter in a circular, prepared clandestinely, but sent over the whole country to medical journals and the profession generally, Dr. L. desires equal publicity for a plain statement of the facts in the case and the medical principles involved. He insists, however, that the society shall adhere to their original indictment, and not by constant amendments, as the trial progresses, change the issue, from day to day and from month to month, to suit the exigencies of lame or rebutted testimony.

The case may be first cleared of the accessory accusations.

As to the charge that he foisted himself into

the meeting of the American Medical Association, it is only necessary to say, that that body accepted him as the substitute of the regularly appointed delegate of the Iowa State Medical Society. Nor was this a great stretch either of propriety or courtesy, as he had been one of the censors of the State Society in 1853; and each delegate, by a vote of the society in 1859, had the power of appointing a substitute.

As to the charge that he was "characteristically mendacious," in bringing forward authorities in support of the practice of turning by external manipulations after labor has commenced, "and then affirming that the society discredited such authors, and conveying the idea that he was expelled for such practice.—" Dr. Langer did cite, at the July meeting of the society, when the charges were first preferred against him, several authorities, who maintain the propriety of the cephalic version in the latter stages of pregnancy, and *before* the commencement of labor, viz: Caseaux, Esterle, Wiegand, and Naegele.

But with what grace a charge of mendacity comes from these men, who present themselves as the representatives of the society in the "Vindication," will appear from the following fact:

In that vindication, they give extracts from the letters of certain medical professors. The extracts given, these gentlemen explicitly state, were written to one of their number in answer to this question: "*What would be your opinion of the conduct of a man who, professing to be able to detect and rectify malpositions of the fœtus in utero before labor, attempts to do so by repeated manipulations, and proclaims to his friends and the public what he is doing?*"

This was the sole question, according to their representation. I have taken pains to procure one of the letters which elicited these replies; and here it is:

Davenport, Iowa, Oct. 21st, 1859.

PROFESSOR ———, etc., etc.

DEAR SIR:—Circumstances of a peculiar character, the particulars of which you may learn hereafter, suggest the propriety of submitting the following questions to a few of the Professors of Obstetrics in our country.

1st. Can mal-position of the fœtus *in utero* be detected and *corrected* by external manipulations prior to the *commencement of labor*, so as to insure a correct presentation at the completion of gestation?

2d. What would be your opinion of the conduct of a man who professing to be able to detect and rectify mal-positions of the fœtus in utero before labor, attempts to do so in a particular instance where the lady is large and fleshy, by manipulations and examinations repeated from day to day, and proclaims to his friends and the public what he is doing?

And who further openly announces that such is *always* his practice, and that he would not attend upon a lady unless she permitted any examination he might think proper to make at any time before labor?

An early answer to these inquiries will oblige the members of our County Medical Society, and aid in sustaining the character and honor of our profession.

Very respectfully, yours, &c.,

E. J. FOUNTAIN.

Observe the date (Oct. 21st,) of this letter, a reply to which could not have been received by them before the 1st of November, in connection with the following language of the vindication. Reference is here made to a meeting of the society, Oct. 26th. "After this, letters were read from a dozen or more professors of obstetrics, and others, in different parts of our country, from some of which are taken the extracts which are given below."

The person to whom this was addressed replied substantially, that he was in the habit of recommending his pupils to attempt the practice whenever an occasion presented, though from his own want of success he had not much confidence in it; and also added, that he should no doubt continue the practice himself, in the hope of succeeding in a proportion of cases.

When I add, that the indignant comments of the professor upon the alleged practice of "*always examining a woman before labor,*" are applied by these "vindicators" to the conduct of one who attempts the operation of cephalic version at the end of gestation, it would seem to me, that the term *mendacious* is hardly strong enough to characterize such a perversion of language and of facts.

Were an accuser to enter any court of justice in the land, and present such perverted and fraudulent documents as these to sustain his accusation, he would be quite summarily dismissed by the presiding justice. And shall the tribunal of the general medical profession, when the character of one of their number is at stake, be one whit less discriminating.

Attention may now be turned to the charges in the resolution of expulsion. In the former paper it was shown that the charges of boastfulness and improper methods of obtaining practice were supplementary to the principal specification; that they were introduced at another session of the society; and further that the committee of investigation, to whom they were submitted, after a protracted examination had dismissed them as unsubstantiated, *by recommending Dr. Langer's restoration to the society.* They further added in their report, substantially (it may be remarked in passing,) that Dr. Langer deserved credit for the manner in which he had conducted his defence before the committee.

It is through no frank and honorable action of the society, that these facts have come to light. Dr. Langer after repeatedly addressing their president, received the following communication, dated

Davenport, November 2d, 1859.

DR. I. LANGER:

In answer to your letter of the 28th ult., I would state that your communication was laid before the special meeting of the Scott County Medical Society, held October 30th, and after some discussion, on a motion to furnish you with a copy of the report of the investigating committee, and also of the resolution by which you were expelled from the society, the whole matter was laid on the table, etc., etc.

C. C. PARRY.

This gentleman's name is signed to the vindication!

The question therefore is narrowed down to the alleged malpractice of Dr. Langer, as described in the following language:

That he has violated the general spirit of the code by his practice in a case of pregnancy which occurred in this place, and in which for several days prior to the day of confinement, he made certain unwarrantable examinations and manipulations, with the pretended object of correcting the presentation of a fœtus in utero, deceiving the patient by informing her that the child had an unnatural position, and that it became necessary to change it, a practice purely deceptive, an impossibility in fact, and in its details highly indelicate and dishonorable.

(Signed) E. S. BARROWS,
J. M. WITHERWAX.

This arraingment of the doctor, we are informed in the vindication, was made by two venerable members of the profession. It was hardly respectful in the framers of the resolution of expulsion, to studiously leave out the important opinion of these venerable men, "*that it was a practice purely deceptive,* an impossibility in fact, and in its details highly indelicate and dishonorable," and add the falsehood that he had been found guilty at the former meeting, "of publicly proclaiming the object and intention of his repeated visits."

But that this alleged malpractice was the only question before the society is virtually admitted in the "vindication," in the following language, "we will show that the society had good cause to take action upon this question independently of all others, and that we are sustained in our decision by the best living authorities of our country."

So again, "In accordance with the sentiments expressed in these letters, and in a firm conviction of acting in strict reference to the requirements of duty and justice, the society decided that the charges of Dr. Barrows and Witherwax were sustained; and expelled him from membership, for reasons expressed in the preamble."

When these charges were presented at the meeting of the society, Dr. Langer requested the chairman to explain; or have it stated by the members in what respect he had been at fault, in correcting the mal-position by external manipulations in the case alluded to. He desired to know whether it was good practice, based on sound theory or not? Whether it was indelicate in manner? Whether it was ever done before? Whether it was an impossibility as stated in the first charge? Whether it was injurious to mother or child, in this case? Or improper? Or if it were objected to by the lady or her husband?

Instead of an answer to these inquiries, Dr. T. J. Saunders (one of the vindicators) urged that the Society should not commit itself by going into the merits of the case and ought to decline to give any opinion on the subject. To this the Society assented.

Dr. Langer failing to induce the Society to define their position very precisely, defended himself, after presenting a true history of the case, by quoting authorities to sustain the practice.

He also stated that he had made no examinations in this case except when called as an accoucher, and on the representations of the lady that she was at her full period of gestation, and that she had on a former occasion been six days in labor. He, also, further claimed the right in any case, when consulted as an accoucheur, of making examinations *after the seventh month of pregnancy.*

This was all he then claimed. He now desires to put it upon record, as a matter of principle, that he claims the right, *when engaged as an accoucheur,* to make any examination deemed necessary, at an earlier time.

Here is Dr. Langer's statement of the transaction, prepared on the day of his arraignment, and fortified by the affidavits of the lady and her husband.

The written statement of Dr. Gregg, given in the "vindication" as the basis of the whole action, did not assume its *present form* till nine months after the transaction, during which period he had been in constant consultation and league with Dr. L.'s enemies.

Dr. Langer's Statement.

I was consulted in March, 1859, by Mrs. C. E. Whisler, age 27, and the pregnancy the fourth. I then saw her for the first time. According to her statement, about the last week in April would be the full period for her gestation. She noticed a larger and different shaped abdomen than formerly, and complained of an extraordinary tumefaction of her lower extremities, for which I ordered laced stockings, recommended free and regular opening of the bowels and bladder, and gentle bodily exercise. I was summoned on the 20th of April to see the patient, immediately after she was taken in labor, as her husband reported. By inspection, I found the abdomen peculiarly shaped, the aspect thereof being lateral lengthy; that it was different from her previous gestations the patient distinctly noticed herself; motion felt mostly in the right hypochondria. The neck of the womb about one-half an inch long, its mouth opened to allow the investigating finger to enter, which could not reach any child's part, the laquear obliterated. A careful external examination, assisted by ascultation, gave evidence of a malposition of the fœtus in utero with the head in forsa illiaca sinistra; I gave notice to this effect to the parties interested, and asked leave to try to correct the malposition by external manipulatoin, which was readily granted. I acted for about one hour at intervals, according to the doctrines and rules laid down by Dr. J. Wiegand. The false labor pains gradually subsided. I then directed a proper location with support of the abdomen and left the patient with advice to remain quiet and inform me of any progress. On the morning of the third day, after the lapse of forty-two hours, I was called by the husband to go with him to see his wife, whom he represented to have been in labor for some time. I found nearly the same state of things as at my former examination; tried again to correct the malposition, in which I was only partially successful; left the patient after the labor pains had subsided, with instructions to remain in the advised position for some time, and to watch the progress. The next day, in the forenoon, about twenty-eight hours afterward, I was accosted by the husband with "please come Dr. my wife is now making a better show." The patient complained of pain like the day before, the mouth of the womb not more opened, the rest of the symptoms also the same. I tried to change the malposition, by the method above stated, this time with better success, so that the head disappeared from the fossa illiaca sinistra, and took its position above the pubic arch; the irregular pains slackened off gradually, the mouth of the womb not open enough to justify the perforation of the bag to let the waters out so as to fix the head in its position. At the time I had an injury on a finger of the right hand, and on that account I stated that notwithstanding the improved position it might become necessary to do something more, I would request Mr. Whisler to call another physician, whom I could make acquainted with the case in time. I suggested Drs. Fountain, Adler, and Baker, but the parties interested had serious objections to either of them. I then suggested Dr. Gregg, of Rock Island. I met Dr. Gregg in the afternoon and informed him that it was a malposition, which I had tried to correct, and should there be any more help needed, I would request him to officiate, as my finger was mutilated. I left him in the parlor and went to see my patient, who was in bed. I examined her again, and found the head where I left it at noon, in a natural position. I in-

formed the patient of the fact, then went back to the Dr. stated the same thing to him, with the request that he would examine her, which he did, and expressed the same opinion. Forty-eight hours after this, labor commenced in good earnest, and Mrs. W. was safely delivered, at the end of about twenty-four hours, of a strong and healthy girl—mother and child did well.

"Is there anything in the above statement that you are able to judge of that is incorrect?"

"There is nothing incorrect that I can judge."

CATHARINA WHISLER,
F. C. WHISLER,
C. E. WHISLER.

State of Iowa, Scott County:

"We, Francis Whisler and Catharina Whisler, of said county, being duly sworn, do depose and say that we have carefully read the foregoing statement and that the facts stated therein are true as we strictly believe.

F. WHISLER,
C. E. WHISLER.

Subscribed and sworn before me this 27th of January, 1860.

[L.S.] CHAS. E. PUTNAM, *Notary Public.*

For conduct thus truthfully described, he has been expelled from the society, and then hunted by these authors of the "Vindication," a document made up of about equal parts of professional ignorance and bigotry, misrepresentations, and the expression of highly virtuous indignation.

To meet these commingled charges and insinuations, to defend his conduct in this particular case, to rebuke the mock modesty of his accusers, and to sustain himself in what he boldly claims as the privilege and duty of the obstetrician, he offers the following authorities. He leaves the defence of the doctrine of cephalic version mainly for another occasion and another tribunal. And he does this the more readily, as the authors of the Vindication have already challenged an able advocate of the doctrine to the discussion of its merits.

(Prof. CHARLES D. MEIGS.) "All those who are not, by education, brought out of the bondage of ignorance, are slaves indeed—slaves of lust, superstition and ignorance." *Idem.* "The accoucheur, if he be actuated by the laudable motives that ought to rule the life and conversation of every medical man, may retort upon his opponent, 'Honi soit qui mal y pense.'" "In midwifery there is much to disgust, and nothing to demoralize. The man who practices the art, sacrifices himself."

(Prof. H. MILLER.) After lamenting the conduct of practitioners, who are deterred from the performance of duties by a "morbidly delicate sense of propriety"—after treating of the importance of abdominal palpation in "the solution of some of the more common problems of practice"—after describing the most approved methods of applying the "vaginal touch" in the various diseases of females, and finally asserting that this touch "embraces within its scope a still higher range of discovery, and quitting the *terrestrial*, it aspires to the *celestial*"—he further says, that it is of transcendent importance to also have recourse, in all these cases, to "ocular inspection," "to render the exploration complete, and satisfy the just demands of the present state of obstetric science and practice," and with an eye to just such practitioners as are found in the Scott County Medical Society, he adds: "This proposition may startle some, and will no doubt be viewed by many as preposterous, if not monstrous." And again, referring to the necessity of still more questionable examination in some instances: "Genuine modesty consists in scrupulously protecting our patients against unnecessary exposure; all beyond this is counterfeit."

(Prof. CAZEAUX.) "Before labor, *and even the last few months of gestation*, the vertex can often be recognized as presenting; while in every other presentation the part that offers first, from being irregular, voluminous, and badly adapted to the form of the inferior uterine segment, and of the superior strait, is always so high up, and separated from the uterine wall by so large a quantity of waters, as to be scarcely accessible to the finger. In a word, and this reflection appears to me essentially practical, (Bullock,) whenever *the accoucheur does not easily reach the presenting part in the last few days of the gestation*, and more particularly during the first period of labor, he should examine the woman very carefully, for it is then *exceedingly probable that the head is not at the superior strait.*

In another place he says:

"Version by the head has been advised—1st, *before the labor;* 2d, during the labor and prior to the rupture of the membranes, etc. It is often possible to detect a position of the trunk in the latter stages of pregnancy, by the shape of the belly, the longest diameter of which is then transverse; by the child's head, which is very clearly felt in one of the illiac fossæ, in women whose abdominal walls are but little distended, are thin and easily depressible, (although in two cases reported by Dugès and Velpeau, it was felt above the pubis,) and by the impossibility of reaching the presenting part of the fœtus with the finger introduced into the vagina.

All these circumstances render the diagnosis of

the position quite easy. Now, if the child be movable in the amniotic cavity, it is very possible to bring the head to the superior strait. For that purpose, after having corrected the uterine obliquity, if there is any, it is requisite to press up the side of the uterus, to which the infant's breech corresponds with one hand, and to push back its head with the other, in the direction of the superior strait. Well directed external manipulations have not unfrequently proved sufficient to convert the position of the trunk into one of the vertex. The most difficult point is to keep the head thus reduced, for the child often regains its primitive position after the reduction. On the whole, therefore, we believe that the cephalic version may and ought to be attempted. 3d. *In presentation of the trunk, whether before the labor*, or during the labor and before the rupture of the membranes; but during the labor, and after the membranes are ruptured, we should give preference to pelvic version, even when the pelvis is contracted.

Whereas, the well-informed Scott County Medical Society, through their learned committee, was pleased to ridicule Dr. Esterle, Professor of Obstetrics in the University of Trient, in their masterpiece in the REPORTER, Philadelphia, February 25th, 1860, so I think it but due to Professor Esterle to let him speak for himself.

In Schmidt's Yearly Reports, page 76, volume 104, No. 10, 1859, in an extensive article, he insists *on the high value of the cephalic version by external manipulations* as preventing premature labor in cases produced by cross-birth. The version by external manipulation leaves an impression on the patient, preeminently free from all physical and moral suffering, and ought to be always attempted, as soon as the cross-position is ascertained, during the last three months of pregnancy, and more so, in cases in which, in consequence of a peculiar formation, or certain defects of the uterus, or liquor amnii, etc., the probability of spontaneous version is rather slight, and by which the danger of premature labor is increased. The external version, demands accurate knowledge of the position of the fœtus, to that knowledge the internal examinations confer very little before labor; but through proper directed palpations of the abdomen and auscultation, this very desirable object can be attained with ease. The two methods jointly used, will in a very few cases of malpositions prove insufficient to give a positive result. Even in a longitudinal position, the internal examination, before labor is advanced, can be of very limited benefit to the diagnosis of the position or presentation of the fœtus; as long as the fontanelles of the fœtus cannot be reached. Whereas in a large majority of cases, the external manipulation is sufficient, to determine the position of the fœtus, the more so, if auscultation is called into requisition. So has the author diagnosticated 180 first vertex positions, in pregnant females, through external examination, 175 of them have proven to be so, at the confinement. 100 he diagnosticated second vertex position, and 105 proved to be such at the confinement. Notwithstanding all this, it is not advised, that the internal examination shall be neglected, but the external examination, *is certainly, in the private practice, preferable to the internal examination, as being less objected to by the patient*, and where the parts are irritable, the internal examination is not only difficult, but often insufferable. The method of palpation and auscultation is elsewhere sufficiently described; the author gives here some excellent suggestions as to the manner of distinguishing the head from the breech. The modus operandi is according to the rules laid down by Wiegand and Mattei. *Not always can the operation successfully be performed at the first attempt, some times a second or even a third attempt, will crown only with success. It is understood, that such a performance, will be more applicable prior to labor;* but the same good effect has been attained during labor, especially as long as the water is not lost during labor. This mode of turning has some difficulties, as the uterus will readily contract by the manipulations, also, during intervals of the pains, which will often delay the operation.

[RAMSBOTHAM, FRANCIS H., M. D., fellow of the Royal College of Physicians of London, Obstetric Physician to the London Hospital, and Lecturer on Obstetrics, etc., etc., by William V. Keating, M. D., Lecturer on Obstetrics and Diseases of Women in the Philadelphia Medical Association, of Philadelphia, 1859.] "Spontaneous version may either be cephalic or pelvic; that is to say, in the shoulder presentation such change of position may be effected, by the uterine action upon the child, that the breech or head shall be made to present at the superior strait, while the shoulder recedes, the case terminating as a breech or cephalic presentation. *Such cases commonly occur previous to the rupture of the membranes*, or very shortly after the rupture. The cause has been attributed to irregular or partial contraction of the uterus. It is natural to suppose, that this process may be assisted by external manipulation. *Thus Wiegand has stated, 'that it is possible, before the waters have escaped, to change the position of the head, or even the presentation by external abdominal manipulations.'*"

The editorial comments of the MEDICAL AND SURGICAL REPORTER, of February 25th, though written under a misapprehension of

the facts, from giving too implicit credence to the representations of the vindication, are equally direct as to the propriety of the operation in certain cases. "Of course there may be exceptional cases in which it may become the duty of the accoucheur, at a proper time, to endeavor to discover, and, if possible, to rectify a malposition of the fœtus; but these would be so few that there could be little inducement for an honest and well-meaning man to make a public boast of his ability to perform so delicate an operation."

Dr. Langer claims that the fact, that he has never been accused of employing this practice, but in a single instance, is a proof that it was not adopted from any "quackish propensities."

If he has been guilty of alluding to this instance, beyond the circle of his professional brethren, it has been in self-defence, when professional rivals had carried this controversy into the public streets, to ruin his practice.

The only witness presented by the authors of the "vindication" to sustain their charge, is Dr. Gregg, of Rock Island. It becomes necessary, therefore, to examine this a little more in detail.

Without desiring to question the veracity of Dr. Gregg, Dr. Langer is compelled to suggest, that the lapse of time (some nine months, it will be observed,) may have involved a want of precision in his testimony, and a want of correspondence with Dr. L.'s statement, made in July, and corroborated by the patient and her husband.

The points of difference between the two statements may be first examined.

Dr. Gregg affirms that the lady "was without a single premonition of labor." The patient herself declares that she had experienced pains for several days.

Dr. Gregg, who has had quite an obstetrical experience, by his own declaration, affirms that there was "not a hair's breath of dilatation of the os uteri." Dr. Langer asserts that "the mouth of the womb was opened to allow the entrance of the investigating finger." Which testimony is the most probable, may be seen by consulting Chailley's Midwifery, edited by Dr. Bedford, page 51.

Speaking of the condition of the uterus, &c., at the end of the ninth month, the author says, "In women who have had children, there is no longer any neck; the internal and external orifices become confounded, and are *dilated* so as to allow the finger to feel through the membranes, the presenting part of the fœtus." The same author says, that the mouth of the womb is open in the same manner at the eighth month, in women who have borne a number of children.

Dr. Gregg says that he saw the patient coming from her kitchen. Dr. Langer asserts, with the approval of the lady, that she was found in bed. This discrepancy is of no importance, however.

In the only other point of difference in the two statements, Dr. Gregg admits that Dr. Langer corrected him, when he made it, at the meeting of the society.

Dr. Gregg, with all the opportunities and inducements which he has had during the last ten months, to acquaint himself with the principle of the proposed cephalic version, seems to have failed to understand it in several important particulars.

He speaks of the "*apparently* imposing array of authorities on the subject of external manipulations for the correction of fœtal malpositions," when every well-educated physician recognizes in the authorities cited, an array too formidable to be disposed of by flippancy or sneers.

He seems not to understand a principle laid down by Prof. Cazeaux and numerous other writers, that the presentation and position of the fœtus may be ascertained pretty accurately before the full period of gestation. A single one may be quoted.

(Dr. Bedford's edition of Chailley's Midwifery, p. 47.) Speaking of the condition of the uterus, &c., at the end of the eighth month, he says, "long before this period, it is true, we can arrive pretty accurately at this diagnosis, but in consequence of the greater mobility of the fœtus, it may change its position before the expiration of the full term."

Of course, no such information could be acquired by the accoucheur, except at the expense of shocking the sensibilities of Dr.

Gregg and the members of the Scott County Medical Society.

Dr. Gregg, while assuming that Dr. Langer is responsible for the peculiar language of the messenger, who called him in consultation, fails entirely to appreciate the object of that summons. This, too, is the result of his ignorance of the whole subject. In all cases of spontaneous cephalic version, as well as in those cases accomplished through the agency of an external manipulation, there is the liability of the reversion of the fœtus to its original position. There is, too, a possibility that the accoucher may still have to resort to podalic version. To meet these contingencies, in connection with his lame hand, Dr. Langer requested counsel.

It will also be seen, from the language of Dr. Gregg's statement, where he speaks of Dr. Langer's "completing the somersault," that he also fails to comprehend the essential principle of the whole operation. And that is, that the change in the position of the fœtus is not the result of a new direction actually given it by the hand of the operator, but of the vitality of the fœtus, and the well recognized phenomenon of the reflex action of the uterus, produced by the manipulations upon the uterus and contained fœtus, as well as the action of the fœtus upon the uterus from the inside.

And is this want of comprehension surprising in a physician, who, although he boasts that he has "had twenty-four years of active practice, and has attended upon at least twelve or fourteen hundred cases of obstetrics," yet when called in consultation to a case of alleged or supposed cross-presentation of the fœtus, and whereas he asserts the husband was alarmed, (are husbands usually alarmed when the wives are moving about, attending to their domestic affairs?) made no external examination—did not auscultate the abdomen, but with a single examination per vaginam; "the os uteri not being dilated a hair's breadth, *confidently* assures the parties *that all was right.*"

It will be observed that Dr. Langer's diagnosis and statement is consistent throughout, both with itself and the affidavits of the parties interested. There was the cross-presentation and the peculiar form of the abdomen, and the unusual feelings of the lady. There were the spasmodic pains that the obstetrical authorities speak of as resulting from "the prolonged contact of the fœtal inequalities with the body and neck of the uterus."

There was the open mouth of the womb, corresponding precisely with the descriptions of this organ in the last stage of gestation.

(Prof. Cazeau.) "In women who have borne several children, the internal orifice softens and dilates; the finger can then penetrate through a cylinder, as it were, an inch and a-half in length, and come in contact with the naked membranes."

There were the efforts to rectify the malposition, and the consequent subsidence of pain. And finally (and this is the important part of it,) there was the conviction on the part of Dr. L., that this was a case of cross presentation of the fœtus; just such an one as demanded the interference of the accoucheur, in the very manner advised by his medical instructors, and the authors in his library, and which he adopted. There was the appreciation on his part of all the liabilities and contingencies, attending the operation—and then we have the entire sincerity, good faith, and sense of responsibility, that prompted him to request the assistance of a professional brother.

On the other hand, it may be safely said, that Dr. Gregg can be trusted to controvert his own statement. The easy and summary method in which he disposes of the facts, that stand in the way of his own opinion, deserves to be noticed.

Here is the statement of the lady patient:

"I sent my husband to give you notice that I was in labor. After an examination, you informed me and my husband of the malposition of the fœtus; which explained to me the different feelings this time from the four former pregnancies. At the same time you asked leave to try to correct the malposition by external manipulations, to which consent was readily given. I felt a change, and observed a difference in the shape of the abdomen, and a relief from the false labor pains, after these manipulations;

you succeeded in correcting the malposition to my satisfaction and the well doing of the child. You behaved properly and gentlemanly, &c."

Could there be any more explicit testimony that the operation was *expedient, timely, successful, and performed in a delicate manner?*

Read Dr. Gregg!

"The certificate of Mr. and Mrs. W———r, can have no force as a defensive item for the doctor, (Dr. Langer.) Not that I would discredit their statement; on the contrary, I would defend their veracity if assailed; but the 'feeling different on this occasion from preceding occasions,' and 'something must be wrong, doctor,' is the old story, and with which every practitioner is conversant; and those 'false pains' and 'unusual pains,' *open up to the unscrupulous quack the most extensive field for imposition.*"

* * * * * *

And here Dr. Langer is content to rest his case.

He has submitted proof that "cephalic version *before labor*" is recomended by competent authorities. It is not affirmed, that he had adopted it in but a single instance, in which case, the testimony of the lady patient is explicit and conclusive, that the operation was expedient, timely, successful, and performed in a delicate manner.

He submits, that the fact of his requesting counsel is equally conclusive that he acted in entire good faith and with a proper sense of the responsibility of an accouchuer, under such circumstances.

He had been compelled to expose the ignorance, misrepresentations, and unworthy motives of his accusers. He has been forced to exhibit the unreliability of Dr. Gregg's statement, as testimony, both from its intrinsic improbability and its flippant manner. And he leaves the whole subject before the enlightened members of the medical profession, with the single remark, that there is hardly an operation in the whole round of obstetrical practice, or in the peculiar diseases of females, but may be made the basis of calumnious persecution in the hands of unscrupulous professional rivals, or even sincere but bigoted and over fastidious fellow practitioners.

EDITORIAL DEPARTMENT.

Periscope.

Translated by L. Elsberg, M. D., of N. Y.

An easily applied treatment of short-sightedness.—When Foltz, Professor of Physiology at Lyons, first published his article on the mechanical treatment of myopy in the *Gazette Médicale*, a year ago, we doubted the efficiency of his method, and did not deem it entitled to a place in the Reporter's Periscope. While we make it truly a "view around," over the whole medical world, it is our constant endeavor to make our Periscope reliable, as well as comprehensive, and drawing from the medical journals of every country, we are especially careful to exclude those reports of extraordinary and "miraculous," cases, cures, and inventions, those "hoaxes" which to our regret, we have afterward seen going the round of our own journals as "foreign *intelligence*." (!?) But while thus carefully selecting from the vast garners which the foreign journals present to us, we never lose sight of anything that might really prove of benefit to our profession: and though withholding the empty stalks we as *Reporter* simply, leave to our readers the final trial and judgment of the value of the grain.

The following method we can now publish, however, with the recommendation resulting from entire or partial success in three or four cases, that have come under our observation.

Short-sighted persons, in looking at distant objects, usually blink, i. e. bring the upper and under eyelids nearer together, covering a part of the cornea. A finger is applied to the outer commissure of the lids in this position, and they are drawn outward a little. By this procedure the cornea is flattened, and the axis of the eye shortened. In consequence, the object looked at will appear surprisingly distinct in its outlines, often as much so, as if seen through suitable concave glasses. The pressure thus exerted through the lids on the eye must only be slight; when too great, the eye becomes presbyoptic, and vision dulled. Practice soon insures the exercise of the proper degree of pressure.

This simple, not painful, and entirely harmless proceeding, is to the short-sighted of the same service as the use of the monocle or single eye-glass. It enables him to see distant objects sharply defined, to read signs, names

of streets, numbers of houses, to recognize actors on the stage, or persons in a large hall, etc. The vast advantage of this "easy method" over concave glasses consists, (besides its being always at hand,) in its having not only palliative, but also curative effects. It has certainly lessened short-sightedness in our own case. The cornea partially regains through the slight but oft repeated pressure on it, the natual retractility, lost through strong pressure from within; its convexity no longer increases, but rather diminishes, as also the antero-posterior axis of the eye. It is not to be overlooked, how very easy of execution this gymnastic eye-exercise is. It subjects the individual to so little inconvenience and interruption of occupation, that it is soon performed from habit, and almost unconsciously.

On the duration of life among Medical men.—From the statistics of over 1000 persons of different occupations, who died within the last 100 or 150 years, at an age of at least 80 years, collected by FABER, and communicated to the *Würtemberg Correspondenzblatt*, we learn that among these long-lived persons, there were:

1. Authors and learned without special profession, 86.
2. Statesmen and diplomatists, 96.
3. Clergymen and theologians of all beliefs, 150.
4. Artists, 167, (painters, engravers and sculptors, 72; poets 42; musicians and composers, 26; actors, dancers and circus riders, 9, among whom were Franconi at 98, Noverre 105, and his two sons at 82 and 83.)
5. Military 190, (army 159, navy 31.)
6. Naturalists and physicians, 192; (naturalists and physicians not in practice, 58; practicing physicians 134, of whom there were 3 over 100, 15 between 90 and 100, and 116 between 80 and 90 years old at their death.)

Now, though we do not accord to these statistics completeness in themselves, nor regard them as proper foundation for generalizations, we may surely draw from the above combination of ages the satisfactory result that the duration of life among physicians is by no means as limited as so many authors (*König, Villermé, Deneufville, Hufeland, Escherich, Zeemann, etc., etc.,*) affirm.

On immediately dressing Fractures and Dislocations.—DR. RAVOTH related to the *Hufeland Society at Berlin*, an interesting case of fracture of the patella in three pieces, in recommendation of his plan of "early dressing," and especially his "wadding dressing." A strong pasteboard splint cushioned with wadding, was at once placed posteriorly from the heel to the upper third of the femur. Two graduated compresses of wadding were then, after exact coaptation of the fragments, so placed, (one on the base, and one on the apex of the patella,) that the ends of the upper curved downward, and those of the lower upward, being fastened to the splint by long strips of adhesive plaster, an inch wide, which were applied curving obliquely up and down. After surrounding the whole knee with a cover of wadding, a flannel bandage was superadded. Finally, two pasteboard splints, again cushioned with wadding, were applied on the outer and inner sides of the leg, reaching from the heel to the pelvis, and three splints retained by a starch bandage from the foot to the pelvis ending, unstarched, in a *spica coxæ*. The patient was kept in bed in half sitting posture, and the leg in a fracture box on an ascending plane. Simple antiphlogistic regimen was observed, and the dressing was not changed until eight days later. There was then but slight swelling round the patella, and the fragments were in co-aptation. The new dressing was exactly as the first; except that instead of the lateral splints and starched bandage, the limb was covered with a flannel bandage, and surrounded with a plaster Paris dressing, which after renewal at the end of the 3d week was discontinued, at the end of the 5th, at which time the callus was perfectly hard, so that the leg was only surrounded by a flannel bandage. In a few days, passive motions were commenced, and at the end of the 6th week the patient left his bed. At the 8th week he could bend his leg to a right angle, and the limb soon recovered perfect use, fulness and strength.

Ravoth thinks that dressing fractures without any delay is the best means to lessen the pain soonest, to induce resorption of exudations, and to shorten, more than is possible by any other method, the time of cure, because of the immediate reposition and continued coaptation of the fragments. Previous antiphlogistic treatment by means of cold lotions, etc., he regards as the cause of ill results, that not seldom permanently remain. According to him, the fear of inflammation when the "early dressing" is applied, is entirely unjustified, for, says he, inflammation is ever best combatted by the very dressing compressing so equally as it does, and the application of

cold for a week or two, materially interferes with the formation of callus. He claims the same successful treatment for luxations. In two cases of complete dislocation of both bones of the forearm backward, on both sides, he effected, in four weeks, a complete cure with the wadding dressing *at once* applied from the hand to the shoulders.

On Sarcina, and its Occurrence in the Urine. By H. WELCKER (*Henle & Pfeufer's Zeidschrift für ration Med.*, 3d Ser. V. p. 199-214.) Sarcina certainly is one of the most remarkable morphotic substances in the urine. Although it has been observed several times by *Heller*, once by *Warburton Begbie*, once by *Hepworth*, twice by *Johnson*, once by *Mackay*, twice by *Beale*, etc., physicians generally know little or nothing about it. We have seen sarcina several times in the contents of the stomach, and in the fœces, and do not doubt that it occurs far more frequently than is thought. We ourselves, have never, however, seen it in the urine, and, as far as we know, the article which our heading introduces to the readers of the REPORTER, is the first exact dissertation on the subject. *Welcker's* case concerned a physician, aged forty-seven years, who had been sickly for several years, and was greatly emaciated and enfeebled. Before the discovery of sarcina, the patient, without proper basis for the opinion, always declared his kidneys were diseased. There was present great irrtiability of the nervous system, and frequently a peculiar condition of præcordial pressure, and feeling of agony. There was no sign of sarcina ventriculi; and an accidental mixture of the sarcina with the urine was out of the question.

At first the urine reacted strongly with acid, afterward neutral or slightly alkaline. Immediately after having been voided, the urine showed a white cloudiness, which even the naked eye could, with strong light falling through it, resolve into extremely small floating bodies, pressed very lightly together. After standing an hour, these little bodies formed a sediment which was the tenth part of the liquid, and consisted of about 95 per cent. sarcina, 4 per cent. crystals of oxalate of lime, and 1 of mucous corpuscles, with traces of epithelial scales.

As to the circumstances under which sarcina occurs in the urine, but little is definitely known. Heller mentions spinal irritation. Begbie refers to the symptoms, pain in the back, frequent desire to urinate, retention of urine, feeling of anxiety, dread, &c.

Further observations are necessary, and American practitioners should pay some attention to the subject.

On Sub-Cutaneous Injections.—The instruments used by BEHIER for sub-cutaneous injections (*Bull de Thér.* LVII. p. 49-105,) consist of a small syringe, a canula, and two trocars of different sizes. The trocar with canula is introduced in the neighborhood of the affected nerve (in neuralgia, convulsion, or paralysis,) and after withdrawal of the stilet, the syringe screwed on to the canula. The piston is so arranged that every fifth or sixth quarter-turn of its screw-like rod injects 1 drop of liquid into the wound.

Fifty-three cases of neuralgia are reported, in which the injection of a few drops at a time of a solution of 3 grains of Sulphate of Atropia, in an ounce of water, was rapidly crowned with excellent success; also, severe cases of various paralyses, central and peripheral, in which the injection of Sulphate of Strychnia, and one case of lead colic, in which the injection of Chloride of Morphium into the neighboring areolar tissue, had curative effects. No injurious consequences of any kind occurred.

Sulphate of Copper with Opium in Diarrhœa from teething.—Among other therapeutical news, we notice, in a recent number of *Schmidts's Jahr bücher*, the following formula, which Prof. Eisenmann, of Würzburg, has found very efficient in diarrhœa of children from teething, viz: Cupri sulphat. ¼ gr.; pulv. opii. 3–4 gr.; pulv. sacch. q. s. Three times daily one such powder.

"*Extractum Sanguinis.*"—Dr. Foy (*Bull. de Thér.* LXII p. 121) recommends the administration of the extr. sanguinis of calves, oxen, and lambs in all anemic conditions (as chlorosis.) He directed the preparation of gelatine-capsules (with 10 parts of extract sang. to 1 of sod. phosphit.) each containing from 4 to 8 grains, of which he gives 10, 15 and sometimes 20 a day.

Juice of Chelidonium majus has been locally applied with the most satisfactory results in cases of greatly itching eczema, injuries from nettles, and other itching diseases of the skin, by Grand-Clement (*Bull. de Thérap.* LVI. p. 336.) Mixed with an equal quantity

of glycerine, it can be preserved and used for the same purpose at times when the fresh plant cannot be obtained.

Oil of Aleurites Triloba.—O'Rorke, (*Bouchardat's Annuaire*, 1859, p. 117,) speaks very highly of the purely purging (not like the oils of other euphorbiaceæ often at the same time emetic) effects of this oil. It is almost as mild as castor oil, but is much better to take, being more fluid, and without taste and smell. He classifies the oils of the euphorbiaceæ according to their effects and doses, as follows:

1. Those producing vomiting and purging: croton oil (1–2 drops,) oil of jatropha curcas (8–10 dr.,) oil of euphorbia lathyris (15–30 grs.) oil of anda gomesii (30–46 grs.,) oil of hura crepitans (80–160 grs.,) castor oil (at least ʒi–ij.)
2. Producing purging only: oil of aleurites triloba.
3. Without effect: oil of omphalæa triandra Lindl.
4. Oils of uncertain effect: elæococca verrucosa? and stillingia sebifera?

Chloroform in Sleeplessness.—Fonssagrives recommends (*Bull. de Thèr.* LVI p. 401) 5–10 drops of chloroform in mucilaginous mixture, in agrypny when opiates are ineffectual or contra indicated.

Relief of the Tenesmus of Dysentery.—Ansaloni, in his inaugural dissertation, reports the very favorable results obtained by Dr. Leclerc, of Tours, by the combined employment of belladonna, or strammonium and calomel, in dysentery. A large plaster of extr. of belladon. or strammonii (ʒiss) is placed on the regio pubis, and every morning and evening for a few days, a grain and a half of calomel, administered. The belladonna and strammonium may be alternated. Tenesmus soon yields to this treatment, as well as all other symptoms of dysentery.

---o---

The Auricles of the Heart Act by their Elasticity and Contractility, not by Muscles: By Charles Smith, M. D., New Orleans.—To demonstrate this fact, we shall first expose the heart, and then follow the current of blood.

Tie the pulmonary veins above the auricle; perforate the mitral valves of the ventricle, and inject through the aorta, and fill the left ventricle and auricle to their fullest capacity, and lay the preparation aside until perfectly dry; when the auricle will appear transparent as glass, and the ventricle perfectly opaque.

This proof that the auricles have no muscles, or muscular fibres, ought to convince any one who has not committed himself upon the subject. I must confess that I have often admitted to my professor that I could see the muscular fibres in the auricles; nor could I contradict it, until I had lectured upon anatomy and physiology myself, and given the subject special attention.

We say, then, that the auricles act, upon the principle of *elasticity* and *contractility*, dependent upon the ventricles. During the action or contraction of the ventricles, the auricles are distended with blood, and continue so until the re-action of the ventricles, when the blood flows (upon the principle of the laws of fluids) into the ventricle, which again contracts, and propels it into the arteries.

We may simply say here, that, if muscular action were necessary for the purpose of emptying the auricle, the pulmonary veins would have valves, to prevent the regurgitation of blood. But, as yet, none have ever been discovered. In all the course of the circulation, we find valves in proportion to the force applied. Hence we might reasonably infer that the auricles do not really act—only passively.

The idea, then, that muscular fibres could be seen in the auricles, I believe to be an error that ought to be corrected; and if they can be shown to exist, then it is certain that the circulation of the blood does not obey the laws of force, and motion, and fluids.

If this view, then, be correct, the auricle is a passive, not an active appendage, and the blood would be acted upon the same as it would in the suction pump, where the column of water is subservient to the action of the piston.

So, in the circulation, the blood in the auricles depends upon the action of the ventricles. If passive, the auricles are only *reservoirs*, and adapt themselves to the amount of blood required for the use of the ventricles.

In the structure of the heart, we see the vast difference between the right and left ventricle, in the comparative thickness of their parietes and the remarkably great strength of valves, to prevent reflux—all adapted to the two circulations, the general system and the pulmonary.

Now, if it is necessary to provide against regurgitation in one part of the circulation, where active force is used, it must be in all; therefore, if there were any muscular action,

or other kind but passive, there would certainly be valves at the auricles, or in the course of the pulmonary veins, otherwise the capillary circulation would be completely arrested, and the grandest object in the circulation defeated.—*N. O. Med. and Surg. Jour.*

Experiments with Vaccine and Variolous Matter on Cows.—The Boston Medical Journal contains an interesting article upon this subject, by Dr. Cutter, of Woburn, Mass. The object of the writer is to show, by fifty experiments performed on cows, that vaccinia is not a form of variola, or cow-pox modified small-pox. This was inferred from the unsuccessful attempts to produce a normal vaccine pustule, by inoculation with fresh variolous matter; *while upon the very same animals, by vaccination with the virus in ordinary use,* the normal vaccine vesicle was always produced.

In the experiments instituted, three modes of introducing the variolous matter into the kine were made:

1. By quills, and puncture with lancet.
2. By rubbing the charged points of quills upon abrasions of the hairless cutis.
3. By introducing, in the form of setons, threads charged with the variolus virus.

The latter being the easiest, most expeditious, and most certain way of inoculating or vaccinating kine.

Vaccination on the cow was practised in the following ways:

1. By seton; that was tried twice, and was not successful.
2. By quills; these, if fresh, generally succeeded.
3. By pricking into abrasions of the cuticle with a lancet, portions of a scab dissolved in water, until it is of the consistence of thick paste. This was uniformly successful.

Vaccine pustules were produced on the cow, by vaccine virus from the human subject, as easily as on a child.

Dr. C. does not believe that the vaccine virus directly from the cow, is better than that which has been repeatedly transmitted through the human subject, and has not been, in his experience, more certain in producing the characteristic vesicle.

Idiopathic Tetanus.—Mr. John V. Bindon, of Torren Hill, Dungannon, Ireland, has the following remarks on idiopathic tetanus, in a communication to the *Medical Times and Gazette,* of February 25th:

During the last five or six years, I have had four cases of idiopathic tetanus, acute to a degree, and all terminated fatally within twenty-four hours after I had seen them; one, indeed, might be classed as traumatic tetanus, (and I think there is some grounds for doubt in your case,) and I will record it. A man, about fifty years old, had injured his thumb by a fall; it was dressed as a fracture by an army surgeon. In a week afterwards I was called to see him, and found him suffering severely from tetanus, with emprosthotonos; his bowels were open. I at once amputated the thumb, the central articulation of which had been ruptured, and was quite offensive to the smell; gave a turpentine enema and chloroform occasionally, so as to keep the spasms in subjection. When not under the full influence of chloroform, the emprosthotonos was so excessive that his body became bent upwards in an arch, and all my strength had no effect on it. He would not swallow any thing unless when partially affected by the chloroform. He died quite suddenly, while his clergyman was praying with him, and was sensible to the last.

The other three cases are, in all respects, so similar as to symptoms and treatment, that I think it sufficient, in contrast with your remark, to particularize the last one I was fortunate to see. A strong, healthy, robust girl, daughter of a farmer, had been, a week before I saw her, carrying oats on her back to the barn; next morning she complained of being tired and of having got cold. I was asked to see her for a cold; but at my inspection I was greatly surprised, as I had been prepared to find some chest affection. Her head was bent backwards, the abdomen forwards, and the legs backwards towards the buttocks; she lay on her right side; was covered with a profuse perspiration; said she could not swallow. Her parents could give me no more information about her, and were under the impression that she had taken a severe cold, and would not believe my opinion that she had tetanus. She had been given oil twice during her illness, which acted on her bowels; she could not swallow water. Nothing appeared wrong with her spine, and she denied having received any injury. She did not like to move; pulse quick. I ordered her a purgative bolus and enemas of turpentine and assafœtida, and thirty drops of chloroform every second hour, with wine and broth when she could be got to swallow. I left her; she died next morning at five o'clock, having had severe and repeated spasms up to her death.

Reviews and Book Notices.

Clinical Lectures on Certain Acute Diseases, by ROBERT BENTLEY TODD, M. D., F. R. S., Author of "Lectures on Diseases of the Urinary Organs," formerly Physician, now Consulting Physican, to King's College Hospital, London, pp. 308. Blanchard & Lea, Philadelphia, 1860.

This is the last work of that distinguished physiologist and physician, whose death we announced in our issue of the 17th instant; indeed, in one short month after the completion of the book, he saw the end of that problem whose mysteries he has so long and successfully studied. Dr. Todd has a world-wide reputation, not only as a first-class physiological writer, but also as a practical physician and clinical writer.

The work before us will, we suppose, take the profession with some surprise, not more on account of the author differing so widely from the current views of pathology and therapeutics, than by the profound learning and logical reasoning with which he supports his propositions.

In the preface is given those conclusions which are established in the lectures, and proved by reported cases; and in these the learned writer affirms, that the ordinary antiphlogistic treatment of acute inflammatory diseases will, ere long, be found to have been prejudicial, and that this class of diseases, being regarded as authentic in their nature, will cause scientific practitioners to select such remedies as will most effectually support the vital power, and thus assist nature in restoring healthy action.

In regard to our pathological knowledge, the author tells us that conclusions derived from post-mortem appearances, must be erroneous, and, if we would have correct ideas, our deduction must be drawn from "deranged living functions." Examinations after death merely reveal to us the *results* of diseased action, and give but few truths upon which to found a rational and scientific treatment.

Regarding the affirmed influence of certain remedies, considerable doubts are expressed; that which appears to be their effect, being only the natural tendency of the disease.

The first three lectures are given to the consideration of "rheumatic fever." This is regarded as a special fever caused by some circulating poison, generated by a vitiated state of either primary or secondary assimulation. After discussing the various modes of treatment, the author recommends what is styled the *eliminative* method. This consists in the use of diaphoretics, antacids, and tonics, in conjunction with opium, and a careful avoidance of all depressing remedies, the lancet and mercury being discarded. Even in those cases in which cardiac symptoms are developed, the author denies that mercury is essential, and advises a course of continued counter-irritation over the region of the heart.

Although nothing new is offered regarding the pathology of the disease, a plan of treatment is proposed, which is well supported by illustrations. The author classes, in his lectures on fever, typhoid typhus, and relapsing under one head as *continued fever*, which he regards as the effect of some blood poison, the symptoms being in direct proportion to the cause, are the local manifestations of the vitiated state of the system. Regarding this as a disease of asthensia, the treatment consists in supporting the vital powers, and thus enabling the system to withstand the waste of tissue. These chapters contain many excellent suggestions regarding the conduct of fever cases, and will well repay a careful reading. Several subsequent lectures are devoted to the consideration of erysipelas, some rare forms of the disease being noticed. These lectures are models of clear clinical diseases.

Lecture VIII. is devoted to the treatment of acute internal diseases, in which we are exhorted to study the natural course of acute diseases, and, upon our inductions therefrom, establish a comprehensive and rational treatment. The author denies that internal inflammations are ever cured by remedial agents, but by a natural process, the physician being only required to assist in these processes, and that this is done most effectually by the early administration of stimulants; and the author is satisfied that these, administered freely and carefully, are of inestimable value in saving life in all acute diseases The reader will find a large amount of novel and interesting information in the lectures devoted to pyaemia and pneumonia, with its complications.

We have merely space to give a passing notice to the last lecture, in which the "therapeutic action of alcohol" is discussed. In this the author gives his opinion in regard to the long-vexed question of the treatment of delirium tremens, holding, of course, that the stimulating is the most rational.

Altogether, this is a notable book, giving new opinions respecting the therapeutics and pathology of some of the most obscure dis-

eases, and drawing inferences with a perfect disregard of authority.

The great reputation of the author will, we suppose, give this work an extensive sale, and it will be read by all with interest and profit. We close the book with the most profound respect for the talents and industry of the author. J. W. L.

A *Practical Treatise on Fractures and Dislocations.* By FRANK HASTINGS HAMILTON, M. D., Professor of Surgery in the University of Buffalo, Surgeon to the Buffalo Hospital of the Sisters of Charity; Consulting Surgeon to the Buffalo General Hospital, and to the Buffalo City Dispensary. Illustrated with two hundred and fifty-nine wood cuts. Philadelphia: Blanchard & Lea, 1860. One vol., 757 pages.

This is the first American work on its important subjects, and the first full treatise in the English language. It had been long announced as forthcoming, and the reputation of its author, and the appreciation of his published reports on subjects pertaining to fractures, made its appearance anxiously anticipated.

The vacancy in our literature in regard to a portion of the domain covered by this work, had, it is true, been to a great extent supplied by the recent translation of one volume of Malgaigne's splendid work. But we have an American literature of fractures and dislocations, which, though scattered through a thousand issues of the medical press, is nevertheless of the greatest value.

It is acknowledged that the attention to fracture treatment in this country is greater, and the results better than anywhere in Europe. The character of our countrymen is inventive and mechanical, and peculiarly adapted to improve the treatment of fractures and dislocations. We possess too, the field for practical observation on these subjects. The innumerable applications of machinery, the rapid traveling, the speedy rearing of great cities by human muscle and bone, expose the human frame-work continually to injury. The treatment of fractures in American hospitals shows a superiority in neatness, and comfort to the patient, and generally correct mechanism in the apparatus for treatment. Still there is, we believe, no field presenting so great an opportunity for improvement, and now that the known American literature of the subject is collated, we have a basis for further investigation and record. If the merit of the work, independently of its originality in observation, were simply the collecting so much that is valuable, and which was inaccessible to the great French writer, it would still be valuable to the American surgeon, and a credit to its author.

Dr. Hamilton's work does not occupy the same position in regard to American literature as Malgaigne's volume holds to the French. It illustrates much less original investigation. The pathology of fractures and dislocations—a field open to profitable exploration—has not, we think, been really much enriched by the author; but in its practical character, and in its applicability to the every-day duties of the surgeon, the work will be of the greatest utility to every practitioner.

This practical character is much added to by nearly three hundred wood cuts. In this respect Malgaigne's work is partially deficient, as the pathology of fracture only is illustrated, while the treatment of fractures—apparatus of every kind—is entirely without representation. A great proportion of the wood cuts are original designs, and there have been "pressed into service" comparatively few of the veterans so long familiar in the text books.

Although the author believes that "it is not in the discovery and multiplication of mechanical expedients that the surgeon of this day declares his superiority, so much as in the skillful and judicious employment of those which are already invented," yet his own contrivances are very numerous, and thirteen of the wood cuts are devoted to illustrating them.

Besides the adaptation of the work to the wants of every practitioner who is liable to be called upon to treat the frequent injuries which it considers, it will have a great value as an authority for medico-legal reference in the frequent litigations under the plea of maltreatment of fractures, with which medical men are ignorantly or maliciously persecuted.

We appreciate Dr. Hamilton's work as the most complete treatise on fractures and dislocations in any language, and regard it especially as a full exponent of the American treatment of these injuries.

Even in England, where we have long enjoyed a continental reputation for indulging our eccentricities, if a man wander many hairs' breadths from the beaten path, two surgeons will lock him up, and a judge and jury, upon the testimony of a footman that his master was not exactly like other people, will set aside his will.—*London Times.*

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, APRIL 7, 1860.

A NEW VOLUME.

This being the first number of a new volume, is an appropriate time to subscribe to the MEDICAL AND SURGICAL REPORTER. The rapidity with which the work has made, and is making friends, encourages the editors in the belief that they are doing a good work, and warrants them in adopting such measures as are calculated to make the REPORTER still more valuable and useful to their readers.

We alluded last week to the fact that the record of correspondence for the week ending the 29th ult., included communications from *nineteen States* of the Union, and from South America. By referring to the record in this number for the past week, and so, week by week, the same extended correspondence will give evidence of the popularity of the enterprise. We seek to serve the profession of the *whole* country and not of any particular locality, and confidently expect a patronage commensurate with our cosmopolitan character.

While we are truly proud of the *local support* we are receiving, and while we regard a good name and a liberal support at home, essential to the *permanent* success of any publication, we shall never look to Philadelphia alone, or to an exclusive advocacy of any local interest to give permanence and nationality to our enterprise, but shall seek to advance the *general good* of the profession of the country.

Many of our friends are showing their appreciation of our labors by endeavoring to increase our circulation in their own neighborhoods. We trust that they will continue their exertions, and that others will follow their example, assuring them that by so doing, they will serve their friends by recommending to them a judicious outlay of money, and the cause of medical progress, by giving us the means to encourage investigation and research in the profession.

To those subscribers who have volunteered flattering expressions of their appreciation of our labors, we tender our sincere thanks, and we solicit an expression of opinion from subscribers, including friendly criticisms, where they think them required.

In conclusion, we will say that the most *substantial* encouragement is subscriptions promptly renewed IN ADVANCE, and accompanied as often as possible by new names. We cannot forbear, in this connection, referring to the case of a prominent physician in central New York, who has sent us *nine dollars* to pay for two years' subscription, because, in his opinion, "the REPORTER is worth much more than the subscription price!"

NATATORIUM AND PHYSICAL INSTITUTE.

This is the abbreviated title of an association[1] which has procured a charter for carrying into effect a suitably devised plan of gymnastic exercises, in connection with swimming schools, one for each sex, and bathing in all its varieties. Our attention has been called to the subject, by the receipt of a copy of an "Address to Philadelphians, on behalf of the Natatorium and Physical Institute, by its Directors," written, as these gentlemen publicly announce, by Dr. John Bell, "author of various approved works on Hygiene." His familiarity with all the objects aimed at by the association enables this gentleman to present its views in a condensed and methodical manner, and with an array of facts calculated to enlist the feelings and action of the community in favor of the projected establishment.

In common with every reader of the address, we cannot avoid acknowledging the deteriorating influences of civic life, and the necessity of procuring the means suggested by nature, sanctioned by experience, and explained by physiology, for correcting these evils, and of applying them in a systematic manner, with a view not only to present, but also to future and permanent relief. "*Of the primary causes which bring on premature decline and*

[1] The name and style run as follows: "The Natatorium and Institute for Scientific Instruction in the Improvement of the Physical Powers," the articles and conditions of which are subsequently stated.

shorten life, the most conspicuous are a defective supply and impurity of air, and want of regular bodily exercise." The first operation of each of these causes renders that of the other still more deleterious. "*Men round shouldered, and women with more or less obliquity of the spine, or back-bone, make the rule instead of the exception.*" The late Dr. Warren, of Boston, Lachaise, Sir John Forbes, and Camper, are cited to "show the prevalence of curvature of the spine among females." We learn, in addition, the following facts: "Examinations, made at some of the public schools of New York, lead to the conclusion, that thirty-three per cent. of the girls, and twenty-five per cent. of the boys, in attendance in these institutions, are affected with more or less spinal curvature."

After alluding to weakness of the muscles of the spinal column, and of those which connect it with the haunches below, and the chest and arms above, as associated with the yielding of this part, the writer of the address remarks: "*A little observation shows that the exercises and postures, and most of the occupations of mankind, are such as to call into action the muscles of one side of the body more than the other, and this one-sidedness becomes a general cause of the greatest and most universal deformity.*" [1] A softened state of the bones gives additional effect to all the causes of spinal and other deformities. "This result is owing to the sufferer's being deprived of fresh air and exercise and wholesome food, so that neither digestion nor respiration, nor nutrition can be carried on in the manner and to the extent required by the healthful necessities of the animal economy."

After noticing, in general terms, the evils, the address indicates the remedies. "*They consist of various exercises, systematically and perseveringly continued, with due adaptation to age, sex, constitution, and the particular state of the individual, together with the other hygienic aids supplied in swimming and the different kinds of private bathing.*"

Gymnastic exercises are described both as a means of prevention and restoration, by giving the scholar, or the invalid, as the case may be, opportunity and encouragement for performing that which every young being would do when left free to yield to its instinctive impulses, viz: motion of the limbs in all directions, and equal exercise of the two sides of the body. The good effects of gymnastic training in promoting health and strength, and in imparting self-confidence and readiness of resource in the hour of danger, are set forth with proper emphasis. The influence created by the physical on the moral nature, is also exhibited. "Exercise, of such acknowledged efficiency in the training of the horse for the turf and the pugilist for the ring, constitutes an essential element in beauty training. When combined with the regular use of the bath, it is the best cosmetic, and renders the most harsh and rigid skin soft and supple, with superadded smoothness and polish." Progressive instruction in gymnastics is insisted on. The necessity of early elementary training is enforced by reference to the general neglect of a suitable manner of walking, compatible with ease of movement and a graceful carriage. Of the divisions of gymnastics—the *hygienic* or *prophylactic*, and the *orthopedic* or *orthosomatic*—will chiefly engage attention in the new "Physical Institute." The modifications of exercise required in the second and third divisions, or the *therapeutic* and the *analeptic*, will be carried out to the extent and in the manner recommended by the medical adviser of the invalid. We are very truly told, that the first, or hygienic, division of gymnastics ought to be incorporated with every plan of education.

Attention is next directed, in the address, to the Swimming School, which, in imitation of the course pursued in most of the great capitals of Europe, it is proposed to establish here for the benefit of both sexes. Each bath will be of the dimensions of about 100 feet by 40 feet, and each continually supplied with fresh water, and kept at a suitable temperature. "Swimming, more than any other exercise, calls into equal exertion the two sides of *the body, and, for this cause, it is well*

[1] The italicised passages are so in the address, and are, doubtless, meant to attract the attention of general readers, for whose behoof it was written.

adapted to prevent deformity from the one-sidedness already spoken of." "Swimming is not only a healthy recreation, but it is also an accomplishment by which life is often saved, and the moments of agonizing suspense are converted, by the bold swimmer, into a time of rejoicing and gratitude at the escape, through his exertions, of a fellow-being from a watery grave." Encouragement is held out for a systematic course of instruction in swimming, by reference to the success which attended Captain Clias, who taught a hundred and five Danes, in less than four months, to swim a distance of nine miles, to dive to a depth of twenty feet, and even to swim a considerable distance in full dress, while carrying, together with their arms, a man on their back. These persons were taught with a view of their becoming themselves masters of as many swimming schools in different parts of Denmark.

A promise is made, in the address, to introduce a new and useful department of bathing —the Russian Baths—appropriately called by Dr. Bell "transition or succession bathing." Physiology explains, while experience shows, the safety of the transition, as in the case of a Finnish peasant, from a vapor bath of 167 degrees of Fahrenheit to the outer air, which was as low as 24 degrees below zero, without the individual thus exposed (and who was at the time quite naked) either feeling the sensation of coldness or suffering from it in any way. Transition bathing, "when directed by a judicious physician, will be found to be one of the most efficient agents of the Materia Medica."

Separate and private baths will form a part of the "Natatorium and Physical Institute," and can be resorted to in connection with the gymnasium. The address concludes with noticing the functions of the skin as ancillary to those of the lungs, and draws the inference of the necessity of preserving the purity of the former organ, in order that full justice may be done to those of the latter in ordinary respiration.

The objects of the liberal-minded gentlemen engaged in this new undertaking, are so praiseworthy and disinterested, and have such a direct sanitary bearing on every citizen, that we must anticipate entire success in their appeal for the enlistment of a large body of stockholders, to furnish the means for carrying out the proposed plan.

THE LOW RATE OF MORTALITY IN PHILADELPHIA IN 1859.

We are not at all suprised at the conclusions to which a correspondent, whose communication appears on a subsequent page, has arrived, in relation to the low rate of the mortality of our city for 1859, according to the returns made at the health office. We were almost inclined to the opinion ourselves, when we published the abstract of Dr. Jewell's report, that the returns were far from being complete, and that the claim of 1 death in every 64 could not be sustained.

This opinion, in all probability, has been that of nine-tenths of our readers. A careful inquiry, however, into the manner in which the weekly returns of deaths are made to the health office, from the several cemeteries and other places of interment scattered over our widely extended city, not only removes all preconceived doubts we may have entertained as to the returns being full and complete, but would justify the statement in the report, to which allusion is made in the above article. The health officer himself, does not entertain a single doubt, but that he receives the returns of all the deaths that take place in our city. We have had the privilege of examining the record, and discover that returns are made in the course of the year from more than ninety places of burial, and upon closer inquiry, we cannot find any reason why the superintendents or sextons of these grounds should withhold their returns: on the other hand, however strange or repulsive it may appear to the feelings of many, there seems to be a controlling ambition, as it were, to make large returns, as the exponent of the popularity of said grounds. Those persons whose duty it is to make the reports of interments, have no interest in mortality statistics, further than the return of large numbers as a matter of business, and hence, the argument might turn upon the point in the absence of positive proof,

that the probabilities are in favor of an over, rather than an under estimate of interments.

As to the estimate of our population of 680,000, to which the writer alludes, we have only to say, that we gave it on the authority of the new directory, in the absence of other and better testimony. Dr. Jewell, however, has preferred a lower, and we think, a safer calculation, and whatever may be the opinion of good judges elsewhere, we prefer to abide his judgment in the case. If he has indeed underrated our numerical strength by his calculation, he has erred on the safe side, which, as an approximation to the truth, is preferable to an exaggerated estimate.

By a reference to the report of Dr. Jewell for 1857, as well as that for 1856, we do not understand him to express a single doubt of the accuracy of the returns as to numbers. He regrets the defects in the imperfect system, and the scanty resources for procuring correct information "in the absence of a registration act." He goes further, and alludes to our "fragmentary statistics," from which, he says, in his report for 1856, we are only "able to tell the sex, age, color, and sometimes the disease; but as regards the exact locality of each death, the occupation, the nativity of the deceased, whether married or single, information indispensable to the formation of correct mortuary statistics, we are entirely deficient," hence, as he justly observes, they are "only an approximation to accuracy." We are sorry, that our correspondent "Veritas," should thus unintentionally, we doubt not, have misrepresented or misunderstood the language of Dr. Jewell's reports of our mortality statistics.

His inference, therefore, is not fair, (if drawn from the above quotations,) that our returns of the number of deaths "were not complete" for 1859, and hence his own deductions are unsustained. However extraordinary it may appear, that our deaths in 1859 were only 1 in 64 of our population, and however widely this calculation may differ in a favorable aspect, when compared with other localities distinguished for their healthiness, the facts are as stated in Dr. Jewell's reports, and cannot be denied.

We are willing that "Veritas" should draw his conclusions from his own calculations, but we prefer that our readers should make deductions for themselves after hearing both sides of the argument.

DR. LANGER ON EXTERNAL MANIPULATIONS TO CORRECT SUPPOSED MALPOSITIONS OF THE FŒTUS IN UTERO.

With a disposition to allow an accused man ample opportunity to defend himself against charges made against him, we publish this week an article from Dr. Langer.

The judicial action of the Scott County Medical Society was, of course, distasteful to that gentleman, but while we are aware that judicial decisions are not always just, it is presumable that in a case like the present, where there is a unanimity in the opinion and action of the judges, that is not, so far, successfully denied, there is real foundation for the vote of exclusion from the society.

We have thus far tolerated the personal controversy between the society and Dr. Langer, in order to aid in throwing light upon the practice which in part developed it, and we trust that our readers have profited by the articles published, in spite of their controversial character. In the article we publish this week, Dr. Langer brings forward authorities in support of the practice in question.

We trust that whatever may be written further on the subject, will be confined to the point in practice at issue, and that it will not be deemed necessary to pursue the personal controversy any further.

SAD CONDITION OF ENGLISH OPERATIVES.

The following is an extract from the evidence given before a committee of the commissioners appointed to investigate the conditions of certain classes of operatives in England. In the case alluded to, women and children are the sufferers, and the scenes of their miseries are the Bleaching and Dyeing Works:

Question.—Do you mean to say that, for four days and for four nights, the women remained with their clothes on, and only rested

on the tables and benches for an hour or two?

Answer.—Yes; that was the only rest they had.

Q.—And the only rest the children had?

A.—They all work the same hours; a set must work together.

Q.—How did you awaken them? (alluding to the little children who fall asleep standing at their work.)

A.—Many a time by shouting, and at other times by getting a board and rapping it on the table, making a loud report that used to startle them, and I could keep them awake for an hour or more than that, perhaps, by frightening them.

The above needs no comment. The starving of children in English workhouses, which has been, in fiction, too truly told by Dickens, recent investigations show to be still continuing. The sorrows of the needle-woman have been pathetically sung by Hood, but her condition is not yet palliated. Coal is, in some part of England, still lugged from deep mines on the backs of women whose wages barely supply them with coarse raiment and two scanty meals of dried herring and porridge. But this account of the mental and physical oppression of innocent children, is the most heart-sickening that has yet been developed. Condemned to labor the same number of hours as adults, where light and fresh air are probably much excluded, their appearance may be imagined—the playfulness and buoyancy of childhood changed to sadness, pallor, and sickness. And how coolly it is replied—"*I could keep them awake for an hour, or more than that, perhaps, by frightening them!*

New Edition of Hippocrates.—"We learn," says the *London Athenæum*, "that a new and splendid edition of 'Hippocrates' is now in course of publication at Utrecht, under the auspices of the Royal Academy of Sciences of the Netherlands, and with Dr. Frans Zacharias Ermerins for its editor. It is contemplated, indeed, by the Academy to add to the works of Hippocrates those of the other ancient medical writers whose reputation may entitle them to such a distinction. The Academy has been fortunate in securing the services of Dr. Ermerins to the criticism and interpretation of Hippocrates. Prefixed to the first volume, we find a preface and copious prolegomena, in the former of which the writer explains the necessity that there existed for a new edition of the Physician of Cos, notwithstanding he labors of Mr. Littré, whose edition of 'Hippocrates,' by the way, although begun in 1839, is not yet completed."

Correspondence.

THE LOW RATE OF MORTALITY IN PHILADELPHIA IN 1860.

MESSRS. EDITORS:—A table in relation to the mortality of different cities was published in the REPORTER a few weeks since, in which the population of Philadelphia was given at 625,000; the number of deaths in 1859, as 9,742, thus showing a proportion of one death in 64 of the population of that city, during the year.

If I am not mistaken, the REPORTER in a notice of a new Directory, a few months since, estimated the population at 680,000, and other good judges think that is a low estimate. This would give nearly one death in 70 of the population. Though the difference is quite important, and we would not desire to abate anything from just claims, yet, for our present purpose, it may be as well to take the lowest estimate, and consider the claim which is thus presented. It is, that, *during the year* 1859, *only* 1 *in* 64 *of the population of Philadelphia, died.*

This claim is so very extrordinary, that, of course, it would not be made without full consideration, nor without an expectation of criticism. It is probable that the first impression of nine persons in ten who are familiar with mortality statistics, on seeing this claim presented, would be that it could not possibly be true. But an impression, or an opinion, is no proof of its want of truth, and, of course, absolute proof in this case is impossible: we can only show the probabilities.

The first idea that arises in the mind on seeing this statement, is that the deaths in Philadelphia are not all reported. No one denies that only 9,742 deaths were reported in that city in 1859; but did this number comprise all, or nearly all the deaths that occurred during the year? Is the law under which the return of deaths are collected, such as would render it probable that the deaths are all reported? Is it the fact that, in past years, the return of deaths in Philadelphia have been supposed to be complete? Knowing the imperfection of the laws relating to registration in most of our cities,

we have long since learned that, in many cases, the deaths *reported* are far from representing the total mortality.

Whether this is the case in Philadelphia, or not, we would respectfully suggest, that in presenting a claim that strikes every one as most extraordinary, in relation to the healthiness of the population, it is incumbent on those presenting it, to show that the returns of deaths in that city are reasonably full and complete. If any considerable number of deaths in Philadelphia are not reported, the claim in relation to the small mortality is at once destroyed.

Until satisfactory evidence is presented on this point, I must be permitted to entertain very serious doubts whether the number of deaths reported, (9,742,) represents the total mortality of Philadelphia in 1859. I am confirmed in these doubts by reference to the interesting mortality reports of that city, prepared by Dr. Jewell for several years past. In all these reports, the want of correct returns of deaths in Philadelphia is deeply regretted. In the report for 1857, I find the following remarks which are particularly appropriate in this connection:

"It has been so frequently remarked that the value of vital statistics depends upon their accuracy, that the opinion has ripened into a sanitary aphorism. The radical defects of our present imperfect system, and the scanty resources for procuring correct information, debar us the full advantage of this wholesome truth."

In the same report it is further said, that "The fragmentary statistics of births and deaths, which apply exclusively to our own city, are so imperfectly furnished, that they are, at the best, only an approximation to accuracy."

Such is the opinion in relation to the correctness of the returns of deaths in Philadelphia, as expressed by a citizen of that city, who is, perhaps, better qualified than any other person to give a correct opinion upon the subject.

Is it not a fair inference, that the returns of deaths in Philadelphia, in 1859, were not complete, and that the claim of only 1 death in 64 of the population is, therefore, not sustained?

But we may obtain further knowledge of the probabilities in relation to this subject, by comparing the rate of mortality as claimed for Philadelphia with that of other places, where the rate is exactly known. The returns of deaths in Massachusetts are generally acknowledged to be complete and accurate. In 1855, a census was taken in that State, which gives an opportunity for exact comparisons on the subject. On examination of the Registration Report of Massachusetts, for the year 1855, I find that in nine of the fourteen counties in that State, the proportion of deaths to population was greater than that which is claimed for Philadelphia in 1859. Among these is Franklin county, situated on the Connecticut river, in the healthiest portion of the State. The population of this county is composed almost entirely of native American farmers and their families. There is not a city within its limits, and not a single township which, in 1855, had over three thousand inhabitants. In the year 1855 there was no unusual sickness, and the ratio of mortality was as low as the average, and yet in that county, in that year, there was one death in 58 of the population, which ratio is considerably greater than that claimed for the city of Philadelphia in 1859.

The seventeenth Massachusetts Report, gives a table showing the annual rate of mortality in the several counties of that State during five years, 1853 to 1857 inclusive. According to this table, in twelve of the fourteen counties, the annual proportion of deaths to population, during five years, was greater than that of Philadelphia in 1859, if we may believe the claim which is made.

The claim then, which we have been considering, amounts to this, that Philadelphia, with 625,000 inhabitants, with a large foreign population, with the usual proportion of the filthy and degraded, and containing within its limits, to a greater or less extent, all the sanitary evils pertaining to large cities, is actually healthier than three-fourths of the State of Massachusetts, and healthier than one county in that State, which is almost exclusively inhabited by a population of native American farmers.

Your readers can draw their own conclusiens.

VERITAS.

News and Miscellany.

Seasoned Beef—Preservation of Milk.—M. Gaultier de Claubry, in the January number of the *Annales d'Hygiene et de Medécine Legale*—the like of which journal is not to be found either in Great Britain or in the United States—tells, in a short paper on the "Preservation of Milk," of the perfection to which the preparing of meats for long voyages is now carried. The following is a remarkable example of this fact. Cans of meat, prepared in England, were sent, under seal of the Admiralty, to the West Indies, where they remained two years. On their return they were embarked on board the ship *Fury*, on the occasion of the voyage of Captain Parry to discover a north-west passage, and were, in part,

kept in this vessel when it was blocked up in the ice, and abandoned by its crew. The expedition under Captain Ross, in search of these adventurous navigators, which was itself detained three years in these regions, found, at the spot where the *Fury* had been lost, a considerable quantity of these cans of preserved meat, which had been rolled about in different directions by the white polar bears, and which furnished very timely aid to the men of the relief vessels.

Escaping at length from this icy prison, Captain Ross returned to England, carrying with him some of the cans of meat, one of which he presented to the Queen, and others to the Admiralty, the Royal Society, the Academy of Sciences of Paris, and the Society of Encouragement of National Industry. M. Gaultier de Claubry was charged by this last society with the duty of reporting on the condition of the gift which it had received, after the lapse of a period of *sixteen years* from the time of its being put up. The seasoned beef contained in this can was tasted by the members of the council of the society, many public functionaries, pupils of the Polytechnic School, and the private pupils in the laboratory of M. Gaultier. There was not a dissentient voice in the declaration that the meat was as good as if it had just been prepared.

Of the different modes of preserving milk, the following is, M. Gaultier thinks, entitled to the preference. All liquids, he premises, dissolve, in variable proportions, the air to which they are exposed. Water, for example, contains a thirtieth of its volume, which, disengaged by heat, presents this remarkable feature, that it contains more oxygen than the atmosphere, and that the last portions hold more than 32 in 100. Milk forms no exceptions to this rule, and we can easily understand how this gas will accelerate change in this fluid.

The process for the preservation of milk, as recommended by M. Mabree, consists in heating it in a sand bath, or in vapor, until air ceases to be disengaged, and when introduced into appropriate vases or bottles, after its temperature has been reduced, the milk must still be deprived of air. The vases are made of galvanized sheet iron, to the necks of which are soldered leaden tubes, by which they communicate with a reservoir filled with milk, previously heated and cooled in the mode just prescribed. The vases filled, the terminal tubes are closed with strong pincers, so as to flatten them completely; they are then cut and soldered at the ends. Objections have been made to the materials used for holding the milk, on the ground of the lead communicating an unpleasant flavor to the liquid, and the opacity of the vases not allowing us to see whether it is in a fit state of preservation.

Another and simpler process consists in heating the milk in glass bottles, on the necks of which conical lead tubes are soldered: the mouths of these, so soon as the milk boils up to them, and has parted with its air, are closed. The milk, in cooling, descends somewhat, and allows of its surface being seen through the neck of the bottle.

Milk thus preserved may be kept without change for an indefinite period. Of its dietetic value in a great variety of circumstances, especially on board ship, in long voyages, or in camp, one can easily conceive without entering into details on the subject. It is not always possible to prevent a partial separation of the cream on the upper part of the liquid. To remedy this inconvenience, it will be necessary to shake well the bottle, and submit its contents anew to heat. Sometimes even globules of butter will be found in the neck of the bottle.

The Inefficiency of the English Laws in Cases of Poisoning.—Excepting in cases in which there is evidently an intent to commit murder, the English laws are deficient in protecting persons from malicious poisoning. A bill to punish administering poison with the intention of injuring or annoying, has been presented to the British Parliament.

On the defects in the existing laws the *Lancet* says: "If a man be tapped on the shoulder, he has his remedy by action for assault; if he be stabbed, by trial for cutting and wounding, with or without deadly intent; but his stomach may be ruined for ever; he may be consigned to the perpetual pains of dyspepsia or gastrodynia; his mucous membrane may be flayed, and all his internal organs chemically and physiologically outraged, and the law will not step in to avenge or to relieve his wrongs. In the present state of criminal justice, the most cruel and subtle injuries may be inflicted with impunity. The cowardly ruffian who throws vitriol into the face of his enemy is justly open to severe punishment; but the very same substance may be administered internally, and

inflict horribly, scathing torture, but, so that it does not kill, the crime is not one of which the judges can take cognizance. It is an inconceivable and dangerous anomaly; no time should be lost in introducing an act to remedy this defect in the criminal law."

Zinc Instead of Lead Paint.—In consideration of the deleterious influence of lead paint on those whose occupations are in making or applying it, and the possible injury to the public by its general use in dwelling houses, Dr. Hassall, of London, urges the substitution of zinc for lead paint.

He presents the following advantages of zinc as a material for paint:

1. It preserves its color for a much longer period; and hence is more durable.

2. Its cost is somewhat less.

3. It does not give rise to colic, palsy, wasting of the arm, or any other of the often formidable diseases and symptoms which so often result from the employment of the lead paint.

The objections urged against its use are, that it possesses less body, and that it requires to be laid on in a different manner. These are, however, but minor objections; the first, which is not well founded, may be met by the application of an additional coat of the zinc paint; and the second, by a little practice on the part of the workman. Another objection of the master—the force of which the public will be able to appreciate—is its great durability, which renders a repetition of the painting necessary only at very long intervals.

The rapidity with which white-lead paint losses its color, especially in towns and cities, passing successively through several shades of yellow, brown, and black, most persons have had opportunities of observing; it has scarcely been laid on a week, in most cases, before the discoloration becomes perceptible. In closets and in ships, from the action of the bilge water, the discoloration is extreme, and it is this circumstance which has led to the very general use of zinc paint for vessels. The cause of the change of color of the lead paint is this; the sulphuretted hydrogen diffused through the air, especially of cities and in the vicinity of decomposing organic matter, unites with the lead of the paint, forming a black sulphuret of lead; indeed, lead is one of the most delicate tests which chemists possess for sulphuretted hydrogen.

Most persons have also noticed the discoloration of the ceiling over gas lights, and have probably blamed the gas as the cause; but there is another cause which must share the blame. White lead is sometimes mixed with the lime used to wash the ceiling, a fact which, of course, fully explains its speedy discoloration. Were oxide of zinc resorted to in this case, no such result would ensue.

In a sanitary point of view, therefore—and it is this which I desire to advocate—the substitution of zinc for lead paint is greatly to be desired. It rests with the medical profession to enlighten the public on the subject, and thus insure the more general adoption of zinc as a paint.

Assistant Surgeon E. Swift, Medical Department. has been assigned to duty at Fort Leavenworth, K. T.

The Adulteration of Tea.—Dr Hassall has detected large quantities of the fæces of the silk worm in an inferior quality of tea.

Ophthalmic Hospitals have been established in Italy, at Turin and Rome.

Holopathy.—The *Lancet* says that a distinguished physician of Paris, M. Marshall de Calvi, is now lecturing on a new medical doctrine, to which he has given the name of holopathy.

He considers that diseases are only phases or episodes of a general affection of the organism, which affection or diathesis produces the episodes when circumstances favor their appearance. The lectures, it is said, are creating some sensation in the French capital.

Phosphornecrosis is becoming so prevalent among those engaged in making lucifer matches in Paris, that the government has consulted the Academy of Medicine as to means for preventing this terrible malady. The Academy simply recommends, that as a preventive, matches should be made of pure amorphous phosphorus, or without phosphorus at all, the *white* phosphorus being altogether prohibited.

The Philadelphia Association for Medical Instruction.—The general introductory to the eighteenth annual course of lectures was delivered by Dr. KEATING on Monday last, at the Lecture Room in College Avenue. There was a good attendance, and the address was spirited and appropriate.

Death of a French Celebrity.—The "Athenæum," in its Paris correspondence, calls attention to the death of Coulon, a surgeon who was well known in Paris in the time of Louis the Eighteenth. He possessed great powers of imitation.

A medal has been instituted by Royal Decree in Belgium, to be struck off in gold, silver, and bronze, and awarded to such of the medical profession as distinguish themselves by skill and devotedness during periods of epidemic diseases.

Dr. Horace Green has resigned the presidency of the New York Medical College, and Drs. Peaslee and Flint have resigned their professorships in the same institution.

"The Sims Suture."—A writer in the London *Medical Times and Gazette* thinks that the metallic suture should bear the name of the gentleman to whom the profession is indebted for the practical demonstration of its utility.

The Adulteration of Butter. — Thirteen thousand casks of butter are weekly imported into England from Holland, of which more than two-thirds are said to be adulterated with farina, beef suet, and other substances.

The Collegiate Department of the Long Island College Hospital opened on the 29th ult., with an Introductory by Prof. Hamilton. We are glad to learn that the prospects are flattering for a respectable class.

——o——

To Correspondents.

Communications Received.—*Georgia*, Dr. H. G. Bean (with encl.) Mr. W. A. Miller—*Illinois*, Dr. V. Vermilye (with encl.,) Dr. E. C. Ellett, Dr. J. Roberts, Dr. Wm. McKnight (with encl.,) Dr. J. M. Mack—*Iowa*, Dr. A. C. Taylor, (with encl.)—*Kentucky*, Dr. R. A. Gibney (with encl.,)—*Louisiana*, Mr. A. W. Poole, (with encl.,) Dr. J. F. Newton—*Maryland*, Rev. D. Zacharias, (with encl.,) Dr. L. Wachter, (with encl.)—*Mississippi*, Dr. W. N. Ames—*Missouri*, Dr. Chas. A. Pope, (with encl.)—*New Jersey*, Dr. B. R. Bateman, (with encl.,) Dr T. R. Crittenden, Dr. W. Pierson, (with encl.,) Dr. C. R. Prall, (with encl.)—*New York*, Dr. C. H. Covell, Dr. Ch. F. J. Lehlbach, Dr. H. B. Wilbur, Mr. E. Quern, Dr. L. Eerberg, Dr. Jos. C. Hutchinson—*Ohio*, Dr. Thos. McG. Ebright, (with encl.)—*Pennsylvania*, Dr. H. R. Terry, (with encl.,) Dr. W. H. Worthington, Dr. F. Hinkle, (with encl.,) Dr. C. W. Backhus, (with encl.,) Dr. T. C. Yeager, (wth encl.,) Dr. A. H. Worthington, (with encl.,) Dr. Wm. Reichardt, (with encl.,) Dr. F. K. Spang—*South Carolina*, Dr. W. K. Fort, (with encl.)—*Virginia*, Dr. W. Washington—*Wisconsin*, Dr. H. Adams, (with encl.)

Office Payments.—Dr. W. H. Worthington, Dr. J. H. Simms, (of Del.,) Dr. J. Warner Knox, Dr. C E. Hopkins, Dr. R. W. Elmer, (of N. J.,) Dr. D. G. Shoener.

——o——

MARRIAGES.

Pennington—Ranney.—At Newark, N. J., on the 4th instant, by Rev. J. F. Stearns, D. D., Anna P., daughter of S. H. Pennington M. D., and T. B. Ranney, Esq.

DEATHS.

Gaillard.—In New York, on Wednesday, April 4, Jane Marshall, wife of Dr. Edwin S. Gaillard, and daughter of the late Rev. Edward Thomas, of South Carolina.

Bissell.—Gov. W. H. Bissell, of Illinois, whose death has been announced, was born near Cooperstown, New York, April 25, 1811. He studied medicine at the Jefferson Medical College, in Philadelphia, where he graduated in 1835. After practising medicine for several years, he was elected to the State Legislature from Monroe county, in 1840. From this time his course was a military and political one. He was engaged in the Mexican war, was twice a member of the House of Representatives, and in 1856 was chosen Governor of Illinois.

TO PHYSICIANS.

WANTED, A PARTNER IN THE PROPRIETORSHIP OF an Institution, and a large Practice connected therewith. To a well-qualified Physician, who can furnish $3,000, this offers unusual pecuniary and professional advantages.

Applications to be addressed to

WILLIAM LEWIS, M. D.
Care of J. H. Rosenbaum.
Box 3,219, New York, P. O.

LABORATORY
—FOR—
PRACTICAL AND ANALYTICAL CHEMISTRY,
CHANT STREET, TENTH BELOW MARKET.

SPECIAL Instruction given in Practical Chemistry, Mineralogy and Geology. A well arranged Laboratory, Mineral and other Collections, and a large Library, offer superior advantages to the Student.

Careful Analysis made of Ores, Minerals, Guanos, Waters, Vegetable Substances, and Products of Art.

Opinions given on Chemical Questions.

JAMES C. BOOTH,
THOMAS H. GARRETT.
JOHN J. REESE. M. D.

——o——

PRACTICAL INSTRUCTION IN MEDICAL CHEMISTRY.

DR. REESE proposes forming a Class of Students and Graduates of Medicine, for PRACTICAL INSTRUCTION in MEDICAL CHEMISTRY, in connection with the above Laboratory.

The design will be to familiarize the pupil with the methods of analyzing the various solids and fluids of the Body, both healthy and diseased. To this end, he will be exercised, from the beginning, in PRACTICAL MANIPULATION with the different re-agents, under the immediate supervision of his preceptor—much in the same manner as Practical Anatomy is learned in the dissecting-room. The subject of TOXICOLOGY will receive special attention, both in the determination of Poisons (organic and inorganic) and the action of their antidotes. PHARMACEUTIC CHEMISTRY will also be studied, so far as it relates to the extraction of the active Medicinal Principles and the chemical re-action of Medicines.

In connection with the above, DR. REESE will deliver a Course of Lectures on MEDICAL CHEMISTRY during the Spring and Summer months, *which will be free to those taking the Practical Course.*

Fee, (including materials, but exclusive of breakage,)..... $25 00
" for the Lectures..... 10 00

For further Information, Apply at the Laboratory.

Philadelphia, March, 1860. 179-3t

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS,

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

IL ces. U. S. P. . . . $0 37½
Aloes et Assafœt: U. S. P. . 37½
Aloes et Ferri . . . 37½
Pulv: Aloes, Socot: ½ gr.
" Zingib: Jam: 1 gr.
Ferri Sulph: Exsic: 1 gr.
Ext: Conii ½ gr.
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
Pulv: Aloes Socot:
" Sapon: Hispan:
" Fruct: Colocynth:
" Gambogiæ
Oleum Anisi
Anti-bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . . 37½
" Comp: (Plummer's) 3 grs. . 37½
Calomel
Oxysulph Antimony
Guaiacum Resin
Calomel et Opii . . . 37½
Calomel 2 grs.
Opium 1 gr.
Cathart: Comp: U. S. P. . . 37½
Cinchon: Sulph: 1½ grs. . . 50
Cook's, 3 grs. . . . 37½
Pulv: Aloes Soc: 1 gr.
" Rhei 1 gr.
Calomel ½ gr
Sapo Hispan: ½ gr.
Colocynthidis Comp: 3 grs. . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . . 37½
Copaibæ et Ext: Cubebæ . . 37½
Pil: Copaibæ 3 grs.
Ext: Cubebæ 1 gr.
Copaibæ Comp: . . . 37½
Pil: Copaib:
Resin Guaiac:
Ferri Cit:
Ext: Cubeb:
PIL: Fel Bovinum, . . . 50
Inspisated Oxgall 2 gr.
Powd: Jamaica Ginger, 1 gr.
Ferri (Quevenne's) 1 gr. . . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . 37½
Ferri Comp: U. S. P. . . 37½
Ferri Iodid: 1 gr. . . . 50
Ferri Lactat: 1 gr. . . . 37½
Ferri et Strychniæ . . . 62½
Strychniæ 1-60 gr.
Ferrum per Hydrogen (Quevenne's) 2 gr.
Ferri Valer: 1 gr. . . . 75
Ferri et Quin: Cit: 1 gr. . . 50
Ferri et Strychniæ Cit: 1 gr. . 37½
Strychnia Cit: 1-50 gr.
Ferri Cit: 1 gr.
Galbani Comp: U. S. P. . . 37½
Hooper (Female Pills) . . 37½
Hyd argyri. U. S. P. 3 grs. . 37½
Ipecac et Opii, 3½ grs. . . 37½
Pulv: Doveri, U. S. P.
Opiii, U. S. P. 1 gr. . . . 37½
Opii et Camphoræ . . . 50
Pulv: Opii, 1 gr.
Camphoræ, 2 grs.
Opii et Plumbi Acet: . . 37½
Pulv: Opii, ½ gr.
Plumbi Acet: 1½ grs.
Quinæ Sulph: 1 gr. . . . 62½
Quiniæ Sulph: 2 grs. . . 1 00
Quiniæ Comp: . . . 75
Quin: Sulph: 1 gr.
Ferrum per Hydrogen (Quevenne's) 1 gr.
Acid Arsenious 1 60 gr.
Quiniæ et Ext: Belladon: . . 62½
Quiniæ Sulph: 1 gr.
Ext: Belladon: ½ gr.
Rhei, U. S. P. . . . 37½
Rhei Comp: U. S. P. . . 37½
Sciliæ Comp: U. S. P. . . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
Pulv: Aloe Scott:
Gum: Mastich:
Flor: Rosæ
Zinci Valerian: 1 gr. . . 75
GRANULES, Acid: Arsenious, 1-20 gr. . 25
" 1-50 gr. . 25
Aconitia, 1-60 gr. . . . 50
Atropia, 1-60 gr. . . . 50
Corrosive Sublimate, 1-12 gr. . 25
Digitalin, 1-60 gr. . . . 50
Elaterium (Clutterbuck's) 1-10 gr. . 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr. . 25
" Nux Vomica, ½ gr. . 37½
Mercury Iodide, ¼ gr. . . 25
" Red, 1-16 gr. . . 25
Morphia Sulphate, 1-10 gr. . . 37½
" " 1-6 gr. . . 50
" Valerianate, ⅛ gr. . . 62½
Quinia Valerianate, ½ gr. . . 1 00
Silver Nitrate, ¼ gr. . . 37½
Strychnia, 1-20 gr. . . 37½
" 1-40 gr. . . 37½
Veratia Sulphate, 1-12 gr. . . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 180, 1y.

BOWER'S

CLARIFIED

MEDICATED FIGS.

This novel and attractive invention furnishes a most convenient mode of administering a mild cathartic medicine. The Fig is inlaid with pure ALEXANDRIA SENNA LEAVES, pulverized and deprived of the stem and all impurities, and combined with some of the finest and most grateful aromatics, and so minutely incorporated with the pulp of the fruit as to render the Senna almost imperceptible to taste.

These figs will be found of great service in HABITUAL CONSTIPATION, BILIOUS AFFECTIONS, and where an agreeable and gentle, yet efficient purgative is needed.

They are put up in handsome style, and sold to the trade at liberal rates.

Manufactured only by

GEO. C. BOWER, Druggist,

N. E. CORNER OF SIXTH AND VINE STS.,

PHILADELPHIA.

APOTHECARIES, DRUGGISTS, AND PHYSICIANS.

FOR SALE, AN EXCELLENT RETAIL CASH BUSINESS, twelve years established in a large and thriving town, seven miles from Philadelphia.

A respectable person, wishing fully to satisfy himself, may stay with the advertiser a week or two without charge for lodging. Apply to

BULLOCK & CRENSHAW,
Druggists, corner of Sixth and Arch streets.

TRUSS

AND

BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES, (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

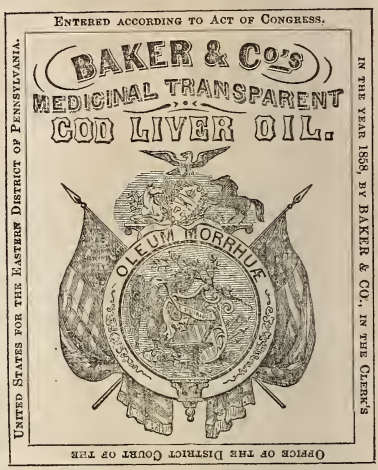
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with above, with flattering results. 175

The most Reliable, Efficacious, and Scientific Remedy for

CONSUMPTION, SCROFULA,


ENTERED ACCORDING TO ACT OF CONGRESS.
BAKER & Co's
MEDICINAL TRANSPARENT
COD LIVER OIL.
IN THE YEAR 1858, BY BAKER & CO., IN THE CLERK'S
OFFICE OF THE DISTRICT COURT OF THE
UNITED STATES FOR THE EASTERN DISTRICT OF PENNSYLVANIA.
OLEUM MORRHUÆ

DEBILITY, &c.,

which, from its long established and well-tested reputation for purity, freshness, uniformity of character, and superiority of its mode of preparation, from the most eminent of the medical profession throughout the country, the distinguished faculty of the oldest and best medical colleges, the University of Pennsylvania, and thousands of invalids—claims the patronage and confidence of all who desire the advantages of a superior and genuine article.

As the value of this remedy depends solely on its genuineness, invalids should be careful to take only that of undoubted reputation, as its qualification cannot be ascertained by observation.

For testimonials, see the pamphlets accompanying each bottle, and be sure to procure only "J. C. BAKER & CO.'S PHILADELPHIA COD LIVER OIL," which is to be had of all apothecaries, and from the proprietors.

BAKER & CO.,
175 154 North Third Street.

DEMONSTRATIVE
COURSE OF INSTRUCTION
IN

PHYSIOLOGY,

BY

J. J. WOODWARD, M. D.

Dr. WOODWARD will give a Demonstrative Course of Instruction in Physiology, during the Summer of 1860, beginning about the first of April.

The Lectures will be delivered twice weekly, at convenient hours, at his room, N. W. corner Ninth and Chestnut streets, and will be fully illustrated by

VIVISECTIONS AND EXPERIMENTS.

Fee for the Course.....$10

For Tickets, or further information, apply to

J. J. WOODWARD, M. D.,
N. E. corner of 10th and Vine streets.

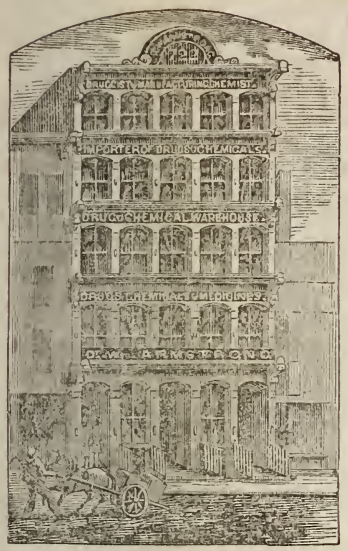
Dr. WOODWARD is also prepared to receive a few pupils for practical instruction in the APPLICATION OF THE MICROSCOPE TO MEDICAL PURPOSES. For particulars inquire as above. 175

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.



Also a General Assortment of Concentrated Medicines, from the Laboratories of MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

Powders.	Principles.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut.	2 to 5	1 50
Aluin	Res. Rd. Neut.	2 to 10	75
Apocynin	Rd Res. Neut.	½ to 3	2 00
Asclepin	Rd. Neut.	1 to 5	1 50
Baptisin	Res. Neut	1 to 8	1 00
Barosmin	Res. Neut.	1 to 3	2 00
Caulophylin	Rd. Neut.	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut.	2 to 5	1 25
Chimaphilin	Res. Rd. Neut.	2 to 5	1 00
Collinsonin	Res. Neut	2 to 5	2 00
Colocynthin	Rd.	½ to 2	2 00
Cornin	Rd. Neut.	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut.	1 to 3	3 00
Cypripedin	Rd. Neut.	2 to 4	1 00
Digitalin	Rd. Alk. two Neut.	¼ to ½	1 50
Dioscorein	Res. Neut. M. R.	2 to 5	1 50
Euonymin	Rd. Alk. Neut.	1 to 4	2 00
Euphorbin	Rd. Neut.	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk.	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk.	2 to 5	1 50
Fraserin	Res. Neut. and M. R.	2 to 10	1 00
Gelsemin	Rd. Alk. Neut.	½ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd Neut.	3 to 8	2 00
Hamamelin	Res. Neut.	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut.	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut.	¼ to ½	2 50
Irisin	Res. Rd. Alk. Neut.	1 to 3	1 00
Jalapin	Res.	2 to 5	1 50
Juglandin	Rd. Neut.	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut.	2 to 5	60
Lupulin	Res. Rd. Neut.	1 to 4	75
Lycopin	Rd. Neut.	1 to 4	1 00
Macrotin	Rd. Alk. Neut.	½ to 2	60
Menispermin	Rd. Alk. Neut.	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut.	½ to 3	1 00
Podophyllin	Rd. Alk. Neut.	½ to 3	60
Populin	Rd. Neut.	2 to 5	50
Prunin	Rd. Neut. Amyg.	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to, and sent to all parts of the United States, by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Philada.

FOR SALE OR RENT.

A VALUABLE COUNTRY RESIDENCE

In Attleboro', Bucks co., Pa., with from 5 to 20 Acres of

EXCELLENT LAND.

THE MANSION HOUSE, of Brick, is large and commodious, has five rooms and office on the first floor, and is surrounded with fine Shade and Fruit Trees, with Barn, and all necessary Out-Buildings.

It is a very desirable location for a physician, having been the residence of a gentleman in excellent practice, and is in a wealthy and improving neighborhood.

W. S. HILLES.
South-east corner 11th and Washington av., Phila.

M. W. ALLEN,
Attleboro', Bucks county, Pa.
☞ Inquiry may be made at this office. 175

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.
174

ELECTRO-MAGNETIC AND MAGNETO-ELECTRIC MACHINES,

AND TELEGRAPH REGISTERS

Receiving Magnets, Keys and Zincs,

MANUFACTURED AND FOR SALE BY

W. C. & J. NEFF,

No. 3½ SOUTH SEVENTH STREET,

PHILADELPHIA.

LOUIS V. HELMOLD,

SURGICAL INSTRUMENT MAKER,

No. 135 SOUTH TENTH STREET,

(Opposite the Jefferson Medical College.)

PHILADELPHIA.

Manufactures and keeps constantly on hand a general assortment of

SURGICAL INSTRUMENTS

Of the finest quality and most approved patterns. 173

HUSBAND'S

ISINGLASS ADHESIVE PLASTER.

THIS PLASTER has been found to be admirably adapted to strapping after surgical operations, and as a dressing to either incised or lacerated wounds. It is cleanly, of easy application, adheres firmly *without producing inflammation*, and being semi-transparent, allows of an examination of the parts without their having to be disturbed by its removal, until, in many instances, the cure is effected. This Plaster is not affected by age, and will bear exposure to any climate.

Professor MUTTER, in his late edition of Professor Liston's Lectures on Surgery, &c., remarks that "the Isinglass Plaster, referred to by Mr. Liston, is exceedingly well made by Mr. Husband, of this city; and for some time past I have almost abandoned the use of the old adhesive plaster of the shops, which often, in persons of a delicate skin, or children, produces troublesome irritation."

For sale by the Druggists, and by

T. J. HUSBAND,
173 N. W. Cor. Third and Spruce sts., Philada.

J. M. MIGEOD,

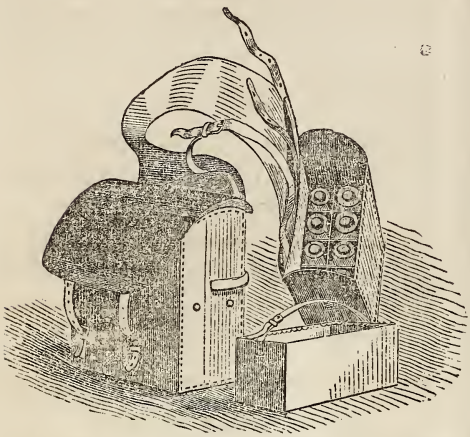
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12	1	oz.	Ground Stop.	Bottles and	
	12	½	oz.	"	"	$9 50
No. 2, containing	10	1	oz.	"	" and	
	10	½	oz.	"	"	8 50
No. 3, containing	8	1	oz.	"	" and	
	8	½	oz.	"	"	7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24	1	oz.	Ground Stop.	Bottles,	$10 50
No. 5, "	20	1	oz.	"	"	9 50
No. 6, "	16	1	oz.	"	"	8 50

Pattern with Drawers in Ends.

No. 7, containing	24	1	oz.	Ground Stop.	Bottles,	$10 50
No. 8, "	20	1	oz.	"	"	9 50
No. 9, "	16	1	oz.	"	"	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27	1	oz.	Ground Stop.	Bottles,	
" "	18	½	oz.	"	"	
" "	4		Pots,	"	" and	
" "	1		Mortar,	"	"	$19 00
No. 2, containing	21	1	oz.	Ground Stop.	Bottles,	
" "	14	½	oz.	"	"	
" "	4		Pots,	"	" and	
" "	1		Mortar,	"	"	$15 50
No. 3, containing	18	1	oz.	Ground Stop.	Bottles.	
" "	10	½	oz.	"	" and	
" "	4		Pots,	"	"	$12 00
No. 4, containing	20	1½	oz.	Ground Stop.	Bottles and	
" "	2		Pots,	"	"	$8 50
No. 5, containing	15	1	oz.	Ground Stop.	Bottles,	$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9	1½	oz.	Ground Stop.	Bottles,	
" "	18	1	oz.	"	"	
" "	18	½	oz.	"	"	
" "	4		Pots,	"	" and	
" "	1		Mortar,	"	"	$20 00
No. 2, containing	7	1	1½	oz.	Ground Stop.	Bottles,
" "	14	1	oz.	"	"	
" "	14	½	oz.	"	"	
" "	4		Pots,	"	" and	
" "	1		Mortar,	"	"	$16 50
No. 3, containing	14	1	oz.	Ground Stop.	Bottles,	
" "	14	1½	oz.	"	" and	
" 4	4		Pots,	"	"	$13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER.

JOHN F. ORD, MANUFACTURER OF THE PATENT METALLIC SKELETON ARTIFICIAL LEG,

No. 31 North Ninth st., below Arch st.

PHILADELPHIA, *June* 11, 1855. It affords me great pleasure to certify, that the *Metallic Artificial Leg*, invented and manufactured by Yerger & Ord, is, in my opinion, *incomparably superior* in every respect to any article of the kind *I have ever seen* in Europe or America.

WILLIAM GIBSON, M. D.

Emeritus Professor of Surgery in the University of Penna.

The following Report, shows conclusively, *the opinion* entertained of *this leg*, by the well-known Surgeons, whose names are annexed:

REPORT OF THE JUDGES OF THE FRANKLIN INSTITUTE EXHIBITION OF 1851.

The Committee have performed the duty assigned to them, and herewith respectfully submit their Report:

The only objects of comparison presented to them, were two Artificial Legs, above described, one of which, (No. 3155,) has already received a Silver Medal from the Institute, and being composed of soft wood (willow) and iron, is, in the opinion of the Committee, *decidedly inferior to the Patent Skeleton Leg*, (No. 3173,) the important parts of which are made of steel, so contrived as to increase its strength and durability, without impairing its lightness.

The Committee cannot refrain from expressing their approbation and admiration of the Apparatus for Club Feet, (No. 3172,) the ingenuity of which has not been surpassed. They recommend the award of the following premiums:

First—To Messrs. Yerger & Ord, for their Skeleton Metallic Leg..... First Premium.

Second—To the same for their Improvements in Club Foot Apparatus.....Second Premium.

PAUL B. GODDARD, M. D. J. P. BETHELL, M. D.
L. D. BODDER, M. D. J. H. B. M'CLELLAN, M. D.
J. M. WALLACE, M. D.

In addition to the above *strong recommendations*, over *three hundred* original certificates are on file in the office.

Pamphlets and directions for measure sent on application as above. JOHN F. ORD.

N. B.—Surgical apparatus for every variety of deformity made to order. 159[a]

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 182. } PHILADELPHIA, APRIL 14, 1860. { NEW SERIES VOL. IV. NO. 2.

ORIGINAL DEPARTMENT.

Communications.

Experiments by Vivisection to test the Value of the Diagnostic Symptoms of Certain Wounds of the Chest.

(An Inaugural Essay for the Degree of M. D., in the University of Pennsylvania.)

By James A. Draper,
Of Camden, Delaware.

The influence of the improvements in modern warfare has not only been shown in the changes of military tactics, but is also to be noted in the varied character of the injuries inflicted, and the modifications of surgical opinions that they have induced. Minnié rifles, rifled cannon, etc., now present a class of arms of a different character from those in use when Hennen, Guthrie, Larry, and others, wrote their works on military surgery, and the injuries inflicted by these modern projectiles are, consequently, also different from those formerly assigned to gun-shot wounds. Among the older surgeons, penetrating wounds of the chest were almost invariably described as being characterized by dyspnœa, hæmoptysis, passage of air at the wound, and collapse of the lung. These symptoms were detailed by Bell, Guthrie, Cooper, and others, and have been continued, with but little variation, to the present day; but surgery as well as the other branches of medical science has been gradually gathering new facts, and the opinions of surgeons are accordingly modified.

Without denying the correctness of the symptoms, under the circumstances, detailed by the above named surgeons, it would yet appear that the experience of those in charge of the Crimean hospitals was, in many points, different. Among these, the treatise of Surgeon Fraser,[1] if his opinions prove to be correct, is calculated to mark a new era, and as its contents were presented to me soon after its publication, and my attention directed to his experiments by my preceptor, Prof. Henry H. Smith, M. D., of the University of Pennsylvania, I have investigated his conclusions, and now, respectfully, and with diffidence, tender them to the consideration of the profession.

Premising that the passage of air from the wound, dyspnœa, emphysema, spitting or coughing up frothy blood, collapse of the lung, and later, pneumonia or pleurisy, or both, have hitherto been generally received as symptomatic of lung wounds, I propose to consider separately each of these symptoms, and show that Fraser is, probably quite correct in denying nearly all of them, or at least in receiving them under marked modifications of surgical doctrine. Fraser, after his investigations in the Crimea, and from experiments performed upon animals, arrived at the following conclusions.

1st. If the wound of the chest be small, there is little or no alteration in the movement of the lung, and the respiratory murmur is heard more or less on auscultation.

2d. When the opening in the thorax is larger than the glottis, the lung collapses sooner or later, the time of collapse being in proportion to the size of the opening.

3d. The thorax may be pierced by a cutting instrument or bullet obliquely or transversely without wounding the lung, therefore, two apertures is no proof of the lung being wounded.

[1] A treatise upon penetrating wounds of the chest, by Patrick Frazer, M. D., London, 1859.

4th. Mechanical congestion of the lungs is often mistaken for the effects of inflammatory action.

5th. Simple opening of the pleural cavity, in animals, seems to produce little or no risk, and only very little inconvenience.

6th. That in the human subject, as well as in animals, an actual wound of the substance of the lung is always mortal, not from the effects of inflammatory action, but in recent cases, from the cessation of proper aeration, in either the whole or a portion of one or both lungs, or from sudden hæmorrhage. In investigating these conclusions separately, let us first see whether a wounded lung will collapse. This, undoubtedly, may be the case when there is an extensive opening, or it may result from the neglect of proper treatment; but it certainly is not a necessary consequence of penetration of the thoracic cavity, or of a wound of the lung. My experiments, based on those of Mr. Fraser, as well as the statistics of army surgeons show the correctness of this.

Experiment 1*st*. A large healthy cat was placed under the influence of ether, and a portion of the skin and muscles of the right side being reflected, a small opening was made into the pleural cavity, between the third and fourth ribs, one inch from the sternum. The lung did not collapse, nor was there any dyspnœa. The opening was then enlarged, when there was slight dyspnœa and the upper lobe of the lung partially collapsed. Air passed in on *inspiration* and out on *expiration*. The breathing being now allowed to continue twenty minutes, the cat was killed and examined, when no wound could be found in the lung on inflating it with air. The above experiment was repeated with the same result, and may be regarded as showing, that the lung will not collapse immediately, when the cavity of the chest is opened. It, however, also shows, that the lung will collapse in a time proportionate to the size of the opening, unless the effects of the wound be arrested by appropriate treatment.

Experiments, subsequently to be narrated, will also show, that the lung may be actually wounded and not collapse. Adhesions of the lung to the costal pleura, it has been said, assist it, under such circumstances, to retain its position; but collapse does not always take place when no such adhesions can be found.

The question has been discussed, as having an important bearing on chest wounds, whether, in the normal condition, the pleura pulmonalis and the pleura costalis are always in immediate contact. If this be the case, it would be almost impossible for a pointed instrument to enter the chest without wounding the lung, which, we know, is contrary to experience. In connection with this point, I performed the following experiments.

Experiment 2*d*. A long cartilage knife was plunged two and a half inches into the right thoracic cavity of a healthy dog, between the fourth and fifth ribs. About three ounces of blood escaped. He showed no uneasiness at any time after the operation. There was no dyspnœa, and but slight passage of air at the wound. The respiratory murmur remained perfectly distinct, and there was never any sign of pneumonia or pleuritis. There was marked emphysema around the wound. In five days the dog was well.

As this dog was not killed and examined, it is impossible to say what injury was done internally; but I suspect, from the symptoms, that the lung was not wounded.

Experiment 3*d*. A long knife was passed into the right thoracic cavity of a large dog, between the fifth and sixth ribs. It entered near the sternum, and passed out just behind the angle of the ribs. Air entered and escaped on inspiration and expiration, but there was no dyspnœa. There was but slight bleeding, and when the wounds were closed the passage of air ceased. The respiratory murmur was heard on the left side, but was indistinct on the right. The next day the respiratory murmur was faintly heard on the right side, at the same time there was friction sound, with an occasional rattling. The dog was lively, and there was every evidence of a rapid recovery. Thirty-six hours after the operation the dog was killed, and on examination, a wound was found in the lower portion of the upper lobe

of the right lung. A small portion of the lung, around the wound was consolidated, which at that time entirely prevented the passage of air. The remainder of the lung was perfectly healthy, and presented the normal vesicular crepitation on pressure. No portion was collapsed. There was no emphysema of the lung, but there was slight emphysema of the cellular tissue, beneath the skin, which occurred, when the wound was inflicted. There was no inflammation of the pleura, except a small portion around the wound. There was slight effusion in the pleural cavity, but none to be of serious consequence.

Experiment 4th. A long knife was passed into the right thorax of a small dog, between the fifth and sixth ribs, near the sternum, and out near the spine. There was slight bleeding at both wounds. Air passed freely at the wound of entrance, until the wound was closed, when it ceased. There was no dyspnœa. The dog took food and was doing well. On the fifth day he was killed and examined. A wound, one inch in length, and nearly half an inch in depth, was found in the middle lobe of the right lung. The wound, however, had nearly healed, there having been adhesion except at a single point, and the congestion was reduced to a mere mark; but the wound was easily reproduced by dividing carefully the effused lymph. The lung was in the normal condition, there being no emphysema, pneumonia, or pleuritis. In these cases, the lung was wounded, it is true, but it could scarcely be otherwise, owing to the convexity of the walls of the chest. Had the lung been in immediate contact with the costal pleura, the wound must have been much more extensive, than it was in either case. The experiments of Fraser bear out this view of the case. It will be observed, that in these cases, there was no inflammation as a result of the wound; there was local congestion, but it did not involve the whole lung, nor even the entire lobe in which the wound was situated. The convexity of the diaphragm, pressing upward the lungs during expiration, must be considered, when examining a wound, that has been received low down in the thorax. The central portion of the diaphragm rises as high, when in the erect posture, as the lower border of the second bone of the sternum; a wound, therefore, below this point, may be complicated with a wound of the diaphragm, or even of the abdominal viscera.

Experiment 5th. A dog was shot in the right side with a rifle bullet, which passed entirely through the body, and escaped from the opposite side. Blood escaped both from the wound of entrance and the wound of exit. There was no passage of air, but there was great nervous agitation, and some dyspnœa, which continued while the dog lived. He survived three hours. On examination it was found, that the ball had entered between the eighth and ninth ribs, fracturing the ninth. It passed through the diaphragm, wounded the liver, repassed the diaphragm, bruised, but did not enter the pericardium, skirted the lower lobe of the left lung, and passed out between the fifth and sixth ribs. The lung was congested but not lacerated. There was profuse hœmorrhage from the liver. In this case, there was more injury done to the abdominal viscera, than to the thoracic, notwithstanding the ball passed through the chest.

But to return to the position of the lung and its collapse, I believe, from the above experiments, and from the experiments and reported cases, given by Fraser, that the lungs are not always in immediate contact with the walls of the chest. This will explain many of the cases in which the lungs escape injury in penetrating wounds. In regard to collapses, we may conclude, from the above experiments, that it does not necessarily follow upon an opening being made into the pleural cavity. They also show that we may have actual lung wound without collapse; and, that when collapse does occur, it is in a time proportionate to the size of the opening. Collapse, however, is the natural result of the external air communicating with the cavity of the chest, and it will take place, sooner or later, unless the effects of the wound be counteracted, either by coagulated blood, or by appropriate treatment.

It has been stated by Houston, and also by Van Swieten, that in their experiments, they

observed the curious phenomenon, that when both sides of the chest were opened, the lungs instead of collapsing, thrust themselves forward as if to protrude at the wound. If this be the case, it is evident, that it cannot be the result of inflation of the lungs with air as in natural respiration. In connection with this point the following experiments were performed.

Experiment 6th. A large cat was placed under the influence of ether, and an opening made into the right thorax, so as to expose the lung without wounding it. The lung was seen to contract, or recede from the wound, on inspiration, and to approach the wound on expiration; but this approach was sudden as if the result of some spasmodic action. The lung finally collapsed. There was no dyspnœa until this took place.

Experiment 7th. A cat was etherized, and an opening made into the right thoracic cavity. The lung showed the same phenomenon as in experiment 6th. The left cavity was then opened, when both lungs collapsed. This experiment was repeated with the same result. In these cases, it will be observed, that when a single opening was made, the lung approached that opening on expiration, but when both sides were opened the lungs collapsed. Now, as stated above, this cannot be natural respiration, for it is evident the lung cannot be inflated during expiration; it, therefore, requires to be explained. Dr. Halliday, whose explanation is probably as correct as any given, says: "Should, however, the patient, in making an effort to expire, contract the glottis, the air contained in the lung of the sound side meeting with no resistance, will, by the communication of the branches of the trachea, expand the lung of the wounded side, so as to cause it to protrude at the wound." This is, no doubt, correct, when the glottis contracts, but it is observed when there is no contraction of the glottis; what is to explain it then? May not the rise and fall of the chest, together with the upward movement of the diaphragm, in the act of respiration, have something to do with it? We know, that when the breath is held for a time, the chest may be made to rise and fall as in respiration. Now, when an opening is made into one side of the thorax, there is an equlibrium, as it were, established between the external air and the lung on the wounded side, and the lung will remain partially inactive, while the lung on the opposite side will continue to act, the chest will continue to rise and fall, the diaphragm will continue to ascend in expiration, and the lung and side of the chest must necessarily approach each other. Protrusion of both lungs I did not witness.

Dyspnœa.—When we remember the varied circumstances that may cause difficult breathing, we will at once see its fallibility as a sign of lung wound; nevertheless, it is one of the chain of symptoms, which must be considered in making out a diagnosis. Anything, that will prevent or retard the entrance of air into the air vesicles of the lungs, will cause dyspnœa, and the intensity of that dyspnœa will be in a degree proportionate to the obstruction to the entrance of air. This obstruction may be the result of different diseases of the lung, which cause consolidation, compression, or destruction of the lung tissue; or it may result from inability of the muscles of respiration to act; and finally, it may result from wound of the lung, and its consequent hemorrhage or collapse. In complete collapse of the lungs, air cannot enter their structure, respiration must cease, and the patient dies.

The question here is, what is the value of this symptom in wounds of the chest? S. Cooper says, almost "all these wounds occasion pain and difficulty of breathing" Dr. Gibson says, "when the *lungs* are wounded, the patient is instantly seized with difficult respiration, accompanied by great anxiety and a flow of blood from the mouth," * * * "these symptoms are sufficient to assure the surgeon of the nature of the case." Fraser's statements are in conflict with these; he states that out of nine cases observed by him, in which the lung was wounded, only three had dyspnœa. In the experiments detailed, it will be observed, that, notwithstanding, the lung substance was wounded, there was no dyspnœa until there was partial collapse, though I do

not deny that there may be dyspnœa under such circumstances without collapse. It is evident, therefore, that dyspnœa may be present, either with or without lung wound.

Hæmoptysis.—This symptom has been considered by many able surgeons as a positive proof of lung wound; but at the same time it is admitted that the lung may be wounded and the patient not spit up blood. Dr. S. Cooper says, "there can be no doubt of the lungs being wounded when the patient is observed to spit up blood; but the absence of this symptom is not a positive proof of their being untouched, though unquestionably a very important circumstance in the diagnosis, and generally speaking a correct criterion of the lungs having escaped injury. At all events, when no blood is spit or coughed up, the lungs can never be deeply penetrated." Fraser states that out of nine fatal cases observed by him in which the lungs were wounded, only one had hæmoptysis, and that out of seven fatal in which the lungs were not wounded, two had hæmoptysis. In none of the dogs experimented upon by myself did this symptom occur, though the lungs were several times wounded, and in one instance entirely pierced through, which contradicts Cooper's statement, that the lungs cannot be deeply penetrated when this symptom is not present; yet this condition will more frequently arise when the wound is deep, as the blood will pass into the large tubes, causing irritation and spasmodic action, which will throw the blood into the mouth, while, if the wound be superficial the hemorrhage will be slight, and will find a more ready exit in the opposite direction.

Taking the facts as presented, we may conclude, that hæmoptysis may result, either from penetration of the lungs, or from blows upon the chest producing contusion or concussion without penetration; that its presence is not positive proof of the lungs being wounded, or its absence, of their escape; though it is a valuable symptom, and when taken in connection with the color and character of the blood expectorated, is probably as conclusive as any single symptom that may arise.

Emphysema.—When an opening is made into the thorax, and air passes and repasses with the rise and fall of the chest, it sometimes infiltrates the cellular tissue, giving rise to a condition called emphysema. The value of this symptom in chest wounds has been variously estimated by different authors. Without stopping to discuss the question more fully, it is sufficient to say, that it may be present either when the lung is wounded, or when the cavity is simply entered, and it may be absent when both of these conditions are combined; its presence or absence, therefore, will be of secondary importance as a diagnostic symptom.

Pneumonia.—Is there pneumonia developed as a consequence of wounds of the lungs. This question has an important practical bearing. If it be the case, active depletory measures would be required from the beginning, to prevent the inflammation, or hold it in check; while if it is not the case, such measures would only further reduce the patient, probably already exhausted by the loss of blood. It is probably less frequent than has generally been supposed, for though inflammation is a known result of wounds, it is not an invariable result, and there is no reason why the lungs should be more frequently affected, proportionately, than other parts of the body. Again, though inflammation is a result of wounds, that inflammation is of a different character from the inflammatory action set up in morbid conditions of the system. As an instance of this, compare the inflammation resulting from a wound, with erysipelas. The same may be said of the lungs; inflammation may be set up, but it is probably not true pneumonia.

Experiment 9th. The chest of a dog was transfixed from side to side with a slim rod of iron, which was thrust in between the 4th and 5th ribs, on the right side, midway between the sternum and spine, and out at the same point between the corresponding pair of the left side. The wound closed immediately on the withdrawal of the instrument. There was no passage of air, and but few drops of blood escaped. There was no dyspnœa, and the dog

took food soon after the operation. At the end of the first day there was fever, and he was evidently unwell. These symptoms disappeared, however, and by the end of the third day he was very lively. On the fifth day the dog was killed, and on examination, the wound could be traced through the middle lobe of the right lung, thence through the right auricule of the heart, just above the entrance of the ascending cava, and then through the left auricule, just below the entrance of the pulmonary vessels. No wound could be found in the left lung. There was congestion of the right lung, but no inflammation. The lung crepitated on pressure, and pieces of the congested portion floated in water. The left lung was healthy.

It will be noticed that in none of the cases detailed was there inflammation; there was only congestion, and that congestion, in all the cases except the last, was limited to the place of injury. Fraser states that of the nine fatal cases in which the lungs *were* wounded, not one had pneumonia, and that out of nine fatal cases in which the lungs *were not* wounded, it was present in one case.

Pleuritis.—Very much the same may be said here that was said in pneumonia. There may be local inflammation, with effusion of lymph, and adhesion may take place around the wound; but the whole pleura is seldom involved. It may be more frequent than pneumonia, owing to the greater disposition of inflammation to spread over serous membranes.

Passage of Air at the Wound.—It is unnecessary to dilate upon this point, as it has been conclusively shown, by experiment, that it may take place either when the lung is wounded, or when the cavity is simply opened. Fraser thinks, that when the lungs are wounded the passage of air must cease. I can see no reason for this; in fact, in my experiments, I have seen the air pass freely, whilst the examination proved the lung to be wounded.

In summing up the value of the different symptoms detailed, I think, it will be evident, that no one of them is sufficient, of itself, to justify the surgeon in diagnosing lung wound. It is only when several of them occur, taken in connection with the history of the case, and the manner in which the wound was inflicted, that a correct conclusion can be arrived at.

The conclusions I have drawn from the foregoing are as follows:

1st. That the lung does not collapse immediately on an opening being made into the pleural cavity, unless the opening be larger than the glottis.

2d. That collapse, when it does occur, will take place in a time proportionate to the size of the opening.

3d. That collapse does not follow *wound of the lung*, unless the opening in the walls of the chest be of sufficient size to produce it.

4th. That profuse hemorrhage seldom follows wound of the lung.

5th. That pneumonia does not supervene upon wound of the lung unless there is a tendency to inflammation from other causes.

6th. That pleuritis is a rare result except as a local affection, that is, limited around the place of injury.

7th. That air does not cease to pass at the wound when the lungs are wounded.

8th. That uncomplicated wound of the lung will generally heal without suppuration.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D.)

WEDNESDAY EVENING, FEBRUARY 15.

DR. REMINGTON, (President) in the chair.

Subject for Discussion—BLOODLETTING.[1]

Dr. HENRY HARTSHORNE remarked that he could not join in the desire expressed by one of those who have spoken in this debate, to dispense with reference to the *past*, upon the subject under discussion. We cannot afford to do without the past. This attempt to reason, or to escape argument, by turning the back upon all experience and science, except those of the present time, is, however, not uncommon amongst those who now discuss this and similar topics. But its frequency does not make it proper. In fact, (to express strongly an opinion decidedly entertained,) the science of this age may

[1] Continued from the meeting of Jan. 11th, page 515 of Vol. iii, (March 10th.)

be characterized, especially, as displaying *great wealth*, and *great shallowness*. With all the resources, which have been accumulating since the beginning of time, at our command, and with vastlyextended and improved means of investigation, the wealth of science, in material, is unbounded; but there never was a time when so little disposition was manifested to make a rational *use* of this material,—by drawing, and maintaining when drawn, sound and just conclusions. And the fact of a discussion being anywhere possible, at this period of time, upon the question whether bloodletting, general and local, ought to be retained or not, as a remedy in the treatment of disease, proves that medical science has suffered equal emasculation with the science of other departments.

The idea which Dr. H. entertained of the history of bloodletting was simple. This remedy was, no doubt, suggested by nature; by the relief afforded by spontaneous, critical or accidental hemorhages, in cases of inflammation or vascular determination; and by the sensations, almost instincts, of those suffering under such affections. Thus originated, bleeding had become a common remedy before medicine could claim the name of a science in the days of those whom Herodicus and Hippocrates called the ancients. Very few of the noted names of antiquity have come down to us recorded in opposition to bloodletting. The most distinguished of these, Chrysippus the Cindian, and Erasistratus his pupil, were equally conspicuous for their objection to the use of purgatives in medicine. Physiological errors were, in them, much more pardonable. The dogma that the arteries contained air, not blood, was much more excusable in their day, than is the error in pathology, of those who now hold, that, from a practical point of view, exudation is the only essential phenomenon in the inflammatory process. From the time of Galen to the present, every *real* discovery in physiology and pathology has only rendered more intelligible the use of bloodletting in appropriate cases; while, at the same time, experience and science have limited its employment, and thus, of course, enhanced its true value.

Now, however, it is a fact, that the lancet has more opponents and fewer defenders, than at any previous period in medical history. By very many practitioners in Europe and in this country it is altogether abandoned; and even local bloodletting has been brought to a position of similar disfavor. Why is this? We may explain it as resulting from the following causes:

1. Reaction from previously existing abuse of the remedy.

2. A change in the human constitution, occurring under the artificial habits of civilized life.

3. False construction and misapplication of recent science.

4. Leadership and fashion.

The first of these modes of causation must have had place involuntarily and unconsciously. No one can justify it. Because Doctor Sangrado used no remedies but bloodletting and warm water, it does not follow by any kind of medical logic, that Doctor Papaver should use only opium and the warm bath. Cullen, Rasori, Chomel and Bouillaud may have bled, and the last named may still bleed too much. Dr. Rush may have bled too often, although some of us know that his pupils, at least, were careful as to the amount of blood they took. But such extremes, wherever they existed, do not give reason for their opposites. Yet I have in my hand a Treatise on the Practice of Medicine, which has passed through its third London edition, and has been republished here, which represents the "advanced (?)" school of practice, and in it I find the abstraction of blood discouraged and objected to throughout, not only in pneumonia, but in pleurisy, in meningitis, in pericarditis, etc., it is denounced in *all cases;* and the substitutes are opium, fomentations, etc.

That a progressive change in the constitutions of men, has been and is going on in civilized life, and most of all, in large and crowded cities, is undoubted. In a well-fed and active rural population it may not be observable; but the blood of the Londoner is less rich, and his vital capacity of resistance against depression lower than those of his progenitors a hundred years ago. This must be borne in mind; because it is in cities that most of the statistics have been obtained, which are made use of in the argument upon this subject.

Of the *scientific* question, the first branch is that pertaining to *therapeutical* science. This requires to be asserted with emphasis; because it has been intentionally ignored or depreciated in this controversy. Although from the complexity of its nature necessarily farther from maturity than pathology or semeiology, the long accumulated facts concerning the influence of remedial treatment upon disease, constitute a *body of science*, which must be respected and dealt with as such.

Dr. Bennett assumes that all the testimony of Sydenham, Cullen and Gregory to the usefulness of bloodletting in pneumonia, is null, because those distinguished men were not acquainted with physical diagnosis. There is a fallacy here. No doubt there were many cases of pneumonia which, without auscultation and percussion, it was impossible, in the time of Sydenham, etc., to detect. But this does not alter the value of their experience, which was positive as far as it went. Their powers of observation of symptoms and results, were equal to those of Bennett, or Louis, or Skoda. The pneumonia which they describe was frank, open pneu-

monia, with constitutional excitement. And, when they tell us that pneumonia, with such characters, did well under bloodletting, and worse without it, their testimony is available, notwithstanding the fact that there are now discoverable by physical diagnosis, other cases of pneumonia, with different symptoms, and in which a different treatment is appropriate. To reason otherwise, would be to make a name take the place of a reality.

Numerical statistics have been especially appealed to by the opponents of the use of bloodletting. In regard to these statistics, it must be remarked that pneumonia has been, without sufficient reason, selected as the *instantia crucis*, and that their general value is impaired by the necessity of obtaining them, in almost all cases, from *city hospitals*, which present subjects for treatment lower in vital energy than the average of those met with in practice. Yet, it has been shown, in an elaborate and dispassionate article in the British and Foreign Medico-Chirurgical Review, that a thorough analysis of all the statistics upon the subject, published in Great Britain and on the continent of Europe, *determines a conclusion in favor of the moderate and discriminating use of bloodletting* in pneumonia.

It is in the physiological and pathological considerations which lie at the basis of this question, that false construction and misapplication of the facts of science have been most observable and most important. In physiology, a great error has been committed, which it is a matter of surprise to find not corrected even in the latest American publication upon the subject—that of Prof. Dalton. This error is, the denial or depreciation of the *active* part taken by the arteries in the circulation, and of the great fact, without recognition of which no theory of inflammation can stand, that the arteries are subject to *reflex* excitement, the most normal form of which constitutes active hyperæmia, the most abnormal and exceptional, tonic constriction of the vessels.

The most complacent assumption possible to a writer upon a scientific subject is exemplified by Prof. Bennett, in his late and otherwise useful work upon "Clinical Medicine,"—in dropping the term "inflammation" altogether. It is alluded to by him only in a note; *exudation* being substituted for it. Like the "hyperæmia" of Andral, and the "stasis" of Eisenmann, well said by Rokitansky to have failed in their attempt to take the place of the accustomed term, this effort to substitute a part for the whole must also fail. But while it is being urged, it must do harm. Another error is committed by Professor Virchow, of Berlin, who, with all his great ability, has evidently one of those micrological minds which can only see or dwell upon one fact or idea at a time. This idea, with him, is not the *exudation*, so much as its asserted *cause;* the "nutritive excitement," "stimulation," or "irritation," which is assumed to differ, whether in its physiological or pathological manifestations, rather in degree than in kind. Like Bennett, however, and like almost every other physiologist and pathologist of the day, Virchow ignores the importance of the active arterial hyperæmia which surrounds, in inflammation, the central seat of stasis and exudation. The setting aside of these obvious and cardinal phenomena is of vital consequence, as it is precisely their part of the inflammatory process that is controllable by treatment. The observations of the most accurate pathologists, as Rokitansky, Paget, Jones, and others, consist perfectly with the idea that determination of blood toward an inflamed part conspires with the central stasis in *causing* the exudation; and that a *proportion* exists between the *degree* of this active turgescence and the *amount* of the exudation, and the character of the changes which it subsequently undergoes. It would occupy more time than we have to spare, to show how, upon this idea, (or rather *fact,*) rests the scientific justification of local and general bloodletting, in the treatment of high inflammation.

Nor would it be right to occupy you longer with a discussion of the claims of Prof. John Hughes Bennett, of Edinburgh, or of Prof. Skoda, of Vienna, or of other "advanced" teachers, to a position of *leadership*, in opposition to the recorded judgment of the profession in all time. It will suffice to quote the words of the late Dr. Alison, that "if Dr. Bennett's pathology leads necessarily to the belief that the principle in therapeutics which the great body of practitioners, since medicine has been a subject of reflection to mankind, have adopted in regard to the effect of bloodletting in the early stage of inflammatory disease, is false, I confess that I should think that a *much better reason for setting aside his pathology than their therapeutics.*" It may be added, too, that Dr. Bennett does not yet have it all his own way. Besides Alison, we have, in Great Britain, leading minds such as Watson, Christison, and Chambers; on the continent of Europe, Wunderlich and others; and in this country, a name of equally cosmopolitan influence—that of Prof. Wood—ranged in defence of the opinion, that although science and observation have limited and rendered more discriminating the use of bloodletting as a remedy, its total abandonment would be an error, for which no justification can be found, either in the facts of clinical experience or in those of pathological science.

Dr. Hamilton regretted, in view of the paramount importance of the subject under discussion, that the inclemency of the weather had probably prevented a larger attendance, and especially as the arguments were chiefly on one side. He thought it

had been attempted to discuss the subject of bloodletting in a too general way, more so, at least, than experience and a rational pathology would justify. He could not always resort to the lancet simply because inflammation or fever of an active character existed, nor would he always refrain from its employment when neither inflammation nor fever was present. A just appreciation, so far as this is practicable, of all the circumstances of the case, must be our guide. Inflammatory action and general fevers are evidently conservative in their ulterior purposes and general tendency, and therefore, so long as these do not, by excess, threaten to destroy tissues or functions essential to life, do not stand in need of sanguineous depletion, and may no doubt, in a vast majority of cases, be conducted to a favorable issue without such agency. But the exceptional cases must be met; and in regard of inflammation, no mere theory of this disease (no matter how plausibly it has been attempted to show that it consists in a definite series of eliminative and reparative processes, liable to injurious or even fatal interruption from venesection) can convince the great majority of practitioners of the uselessness or ill effects of this practice in such cases. On the contrary, of the utility of venesection we have numerous examples occurring on the exterior surface of the body, and consequently are matters of ocular demonstration. The eye, or its mucous membrane, when violently inflamed in an individual of unbroken constitution and robust health, may furnish an example of this sort. Here the advantage of sanguineous depletion is palpable; and yet this same organ, to all appearance as severely inflamed as in the case just stated, may, in the man of enfeebled, depraved, or excessively nervous constitution, receive no benefit whatever, or perhaps a positive injury. Now, analogy would lead us to expect the same results under similar circumstances, in the case of internal inflammations, and experience has proven this expectation to be well founded, the benefit obtained by venesection in such cases being generally greater than in the instance of external inflammation. The attempts to entirely proscribe the employment of the lancet by an exhibition of the statistics of hospital practice, have also failed to convince the profession at large, even where the tables, untrammeled by the influence of a cherished theory, have been fairly made out. The late period at which many of these cases come under treatment, and the large number of diseased or impaired subjects contained in the statistical tables, render them unreliable as a guide in general practice, especially in rural districts.

There is another and totally opposite pathological condition, requiring more imperatively the use of the lancet, and this is venous congestion. Let us again take, for example, the case of a man of robust and unimpaired constitution, about to be attacked by pneumonia, but in whom no reaction has yet ensued. If an extreme case, he will present these general features: cadaveric aspect of face, diminished heat, and constriction of the whole cutaneous surface, coldness of the extremities, tip of the nose and ears, with more or less lividity of these parts; breathing exceedingly short, quick and oppressed, with expansion of *alæ nasi;* no cough, or if any, unattended with expectoration, unless it be of frothy mucus, perhaps tinged with blood; tongue either natural or, in common with the mucous membrane of the mouth, paler than natural, otherwise livid; the pulse small, frequent, or the reverse, depending, probably, on the peculiar condition of the subordinate nervous centres. Thus the whole aspect of such a case is simulative, if not in reality indicative of approaching dissolution. Than this, no pathological condition is more fully established, and perhaps there is none so suggestive in a therapeutic point of view. We have here the very opposite of what we see in inflammation; and bad as the latter may be, the former is infinitely worse. Venous congestion occupies at least the entire thoracic viscera, and soon extends its baleful influence throughout the whole organism. The functions of life are, as it were, clogged in their sources; in what abeyance these functions are, in the ramifications of the peripheral capillary system of the entire economy, is but too manifest, even in the exterior view of the case. Life cannot long struggle under such a pressure. The general sensorium and subordinate nervous centres must have the stimulus of oxygenized, arterial blood, instead of the languid circulation of blood, carbonized to the highest degree, and thus rendered absolutely poisonous in its operation upon the economy; otherwise these controlling centres must in turn cease to supply that influence, without which there can be no vital action. To administer stimulants alone in such a case, without using the lancet, would be to rely upon the subsidiary, and to neglect the chief remedial means; and yet it is in precisely such cases that objection has been, and continues to be interposed in regard to sanguineous depletion. We are told death has often ensued a short time after such depletion, as if dissolution were not threatening at every moment in these cases. That the abstraction of eight or twelve ounces from thirty pounds of a fluid, unsuited in its present state to the purposes of life, and otherwise injurious from its congestion in the cavities and great vessels of the heart, and other viscera, should, when supported by stimulus, still further depress the vital force, is simply absurd, and the proof of this is found in the fact, that with the finger on the wrist during venesection, we shall, in nearly every instance of this sort, find the pulse to increase in

volume, and beat with more freedom and regularity, and the restoration of an impeded circulation and improved quality of blood, be manifested by improvement of its color and freedom of issue. The heart and lungs thus relieved of a load, (as the patient generally expresses himself,) the various functions begin to resume their normal character, and the altered countenance of the man, the returning warmth and color of the skin, the increased freedom of respiration, etc., proclaim, in unmistakable language, the propriety of the course pursued. Reaction and inflammation now ensuing may be violent, or otherwise, but the patient will at least have a fair chance in the contest. As in this, so in every other case of extreme congestion in subjects of a robust and strong constitution, and where no exhausting discharges have occurred, the use of the lancet is not only safe, when *timely* employed, but absolutely imperative, aided, of course, by appropriate stimulants. That the *facies morbi* in these extreme cases (fortunately not very common in our climate) has sometimes intimidated the practitioner, is but too probable, and this timidity has perhaps been increased in the prospective view of the opinion of the friends of the patient, in case of an untoward result. As a remarkable instance of the destructive agency of venous congestion, happening in our own country, Dr. H. made allusion to cases of cholera, reported from the plantations of Louisiana, in the year 1849, where the negroes of the same plantation were carried off, some by the usual way of vomiting and purging, and others without any evacuation of the stomach and bowels whatever, and without any reaction, the *materies morbi* having acted so powerfully in the production of fatal congestion, as to have afforded no time for the disease to pursue its ordinary course. These, he thought, were cases especially adapted to show the beneficial results of combined depletion and stimulation at the first moment of attack.

Dr. Bell could give his ready assent to nearly every position taken by the gentleman who opened the discussion of the subject this evening. Blood-letting may seem at first to be a harsh remedy, but it is one clearly suggested by nature in the hemorrhages which relieve congested and suffering organs. The observing physician, turning to account the hints thus furnished, will often anticipate the irregular and uncertain action of spontaneous hemorrhage, and procure by venesection a safe issue to the redundant blood in the vessels and the congested viscera. Seeing the great relief in violent headaches and local plethora of the brain, obtained by even slight epistaxis, he will not wait for this result at the hazard of hemorrhage taking place in this organ itself, as in the case of sanguineous apoplexy, but will carry out the indications thus furnished, and have recourse to free venesection, and thus prevent the disastrous consequences which would have followed his inaction, or other kinds of medication based on a speculative pathology. We cannot envy the feelings of the physician who sees a friend, patient, or even a casual acquaintance with the symptoms of fulness of the head, suffused and deeply colored face, a full, hard and slow pulse, and fails to apprise him of his danger, and of the best and safest means of prompt relief, viz: in blood-letting. How often would suicide be prevented by a timely venesection, while physicians would speak to the individual as to a bodily sick man, rather than attempt to reason with him as an insane one. In the first instance, we may win his confidence and his assent to the treatment recommended; in the second, he will reject our advice with disdain.

The changes occurring in an inflamed part, have been often described, but there is no little discrepancy of opinion, based, in each case too, on experimental observation, regarding the importance to be attached to the phenomena which offer themselves to our notice. One of the reasons assigned for blood-letting in inflammation is, that the *vis a tergo*, represented by the quantity and momentum of the blood going to a part, is thereby diminished. Some pathologists—Paget, for example—will tell us that it is not the *vis a tergo* which produces the chief symptoms of inflammation, but the *vis a fronte*, the attracting power which increases the force of the arteries, and this is the most important part of the morbid excitement. The changes in visible inflamed texture, diminished fulness, tension, color, and sensibility—caused by the local abstraction of blood are very evident, and we may legitimately infer that similar, if not equally certain results in internal inflamed organs are produced by general blood-letting. The approach to syncope which, following not unfrequently a large detraction of blood, is accompanied by paleness of the skin, and diminished fulness and activity of the capillaries of this tegument, which indicate a correspondingly diminished action of the circulation in internal membranes. It may be alleged that effects of this nature are but temporary, and that reaction requires a repetition of the remedy. We have, however, abundant evidence to prove that inflammation has often been at once arrested or greatly abbreviated in its course by blood-letting. Even short of the full measure of cure of the disease, ought we not to be grateful for the possession of means by which we can relieve our patient of pain and other distressing symptoms, such as violent headache, wakefulness, etc. The boon of sleep, often refused to opium, is granted to blood-letting, and often, also, the latter acts the part of a faithful ally, and prepares the system to be beneficially acted on by the former.

With blood-letting, as with other things, there are periods of intermission in its use, owing to an abuse or lull in the conditions which had previously called for it. But at no time or season are we safe or wise in saying, that we can dispense with it entirely. Two cases at the same time, recently under his care, will serve, Dr. Bell thinks, to show the difference which must modify the treatment of disease and the use of a remedy. In the one, of a very aged person, who had been exempt from any serious malady, and who was gradually approaching the bourne of life, pleurisy came on, it was very soon removed by moderate doses of salines, opiates and antimony. In the other, of a person in middle life who was seizeed with pleuro pneumonia, but still not of a very intense although decided character. Venesection was practised with much relief to the patient, but morbid phenomena being still troublesome and painful, cupping was had recourse to, and was followed by entire freedom from pain and by easy respiration. The convalescence was rapid.

Dr. Ruschenberger had seen on board the frigate Brandywine in 1826, cases of pleurisy, pneumonia and dysentery. It was then the routine practice to bleed. He would find on the berth-deck, in the sick quarters, after the surgeon's morning visit six or seven arms bleeding at the same time. So confident were medical men of that period in the efficacy of blood-letting in almost all diseases, that the question asked in the examination of each case was, "Will he bear bleeding, or how much can he lose?" and not, "Is venesection needed to cure the disease, or is it the best remedy in the treatment of the case?" Cups and leeches were additionally employed. Later, in 1835–36, in the East Indies, on board of the United States ship Peacock, he encountered a fever at Bombay, and of the entire ship's company, of 201 souls, only one escaped being attacked—cerebral symptoms predominated, and there was more or less delirium in every case. All were leeched, and freely, and success followed in every instance. Again, in the East Indies, in 1847–8, he had met a great deal of dysentery, but no fever, and he bled scarcely one during the whole cruise. The deaths were not in larger proportion than when venesection was practiced. Lately, in the Pacific, on board of the United States ship Independence, 500 men were under his charge, of whom not one was bled during the entire cruise of three years. Dry, and occasionally scarified cups sufficed. It seemed to Dr. R., that the character of disease, as well as the general force of the constitution were much changed, and that seamen would not bear venesection as well as they did twenty and thirty years ago. Pleurisy was treated with opiates, dry cups, and hot fomentations; and pneumonia much in the same manner. More than 1,600 cases of disease were treated, and he lost from all causes, during the cruise, nine cases, including one of black vomit, and one suicide by drowning. On the coast of Peru, in 1827–28, he had met dysentery, and as well as he could recollect he had 250 cases, all were bled and cupped, and eight died.

Adjourned.

EDITORIAL DEPARTMENT.

Reviews and Book Notices.

Clinical Lectures on the Principles and Practice of Medicine, by John Hughes Bennett, M.D., F.R.S.E., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh, etc. etc. etc., pp. 952. New York; Samuel S. & William Wood. 1860.

We have received from the publishers a reprint from the last Edinburgh edition of this valuable work, prepared in their best style, the type clear, and the cuts, with which it abounds, superbly executed.

Perhaps no work, treating of the same subjects, has had such a rapid and extensive circulation, and, whatever may be said regarding the peculiarities it contains, all must admire the industry and research of the author, whose deductions have been derived from long study and clinical observation.

The plan of the book appears admirably adapted to teaching clinical medicine, beginning with the more simple and rudimentary subjects, the reader is led, step by step, into the more complex and important details of recorded experience, his path at all points illustrated with well-executed drawings. To the already comprehensive character of the work, there have been added, in this edition, fifty pages of new matter, twenty one new cases, and thirty-four wood-cuts.

This work has been long enough before the profession for it to judge of the merits of the peculiar views of pathology and therapeutics advanced by its author; hence, we do not consider a lengthy notice by us necessary. We recommend it as one of the most popular medical works of the day. J. W. L.

—o—

Drs. Demarquay and Laconte have recently ascertained that, if a wound or sore be kept for a sufficient length of time in an atmosphere of carbonic acid, it will heal much more rapidly than in common air; oxygen, on the contrary, will retard the process of cicatrization.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, APRIL 14, 1860.

REMUNERATION OF MEDICAL SERVICES IN THE NAVY.

It is an axiom of trade, that an article is worth what it will bring. If we are to determine the value of medical and surgical knowledge and skill on such a principle, we fear that there must be a wide difference of opinion between the public and the profession, as to the pecuniary worth of the services rendered to the sick and wounded, unless we change the habit of medical men in giving their time and labor without first stipulating in each case the sum to be paid for them. But such a change is not feasible, because the masses are not competent to judge of the skill of physicians in the management of patients. It is well known to the profession, that there are members of it who, in spite of deficient education and natural endowment, enjoy largely public confidence and lucrative business, while others, known to possess qualifications of the highest order, are barely able to support themselves and families by their labors. If the public were capable of justly appreciating and discriminating in the premises, the reverse would be true; the learned, talented and skilful would receive the large pecuniary rewards, while the mediocre and inferior practitioners would acquire a small share of public patronage proportioned only to their respective abilities. In the competition for employment, we may suppose, even if all practitioners were equally qualified, the most necessitous would sell their services at the lowest rates, rather than not sell them at all. It is no disparagement to the medical officers of the army and navy, to suggest that want of that capital by very many young members of the profession, which is necessary to procure professional business, is the only reason why the government is able to keep in its employ well qualified surgeons to treat the sick and wounded in its army and navy at very moderate, if not extremely low rates of compensation. Medical service has been always better paid in the army than in the navy.

The policy of the government, we presume, is to retain in its service the experience which its military officers acquire, and therefore it is, that pay is made to increase with increasing years and increasing rank, and the scheme of compensation is computed for lifetime. All the old governments have found it necessary, in order to attract and retain men of talent and education in the official positions of their military organizations, to provide not only salary during life, but also pensions for disabilities by wounds or otherwise, and for the widows and orphans of those who perish in their armies and navies. Men of talent and acquirement, who are without the necessary capital to enter upon employments in which success depends, not upon governmental, but upon private patronage, will enrol themselves in the military departments, because they obtain at once an income sufficient to secure a respectable, certain and comfortable maintenance.

It is to the policy just alluded to that we trace the origin of the half-pay, retired pay, reserved pay, longevity rations, pensions for good service, pensions for wounds, pensions for officers' widows and children, to say nothing of honorary distinctions, mentioned in the blue-books of Great Britain, from which we have copied so much in our military system, by land and sea. All such institutions are designed to attract competent men to the military service, and retain them in it, at the least cost, and at the same time preserve the activity and efficiency of the army and navy. Thoughtful men perceive that the time has come when it is necessary to establish retired lists of the enfeebled and aged officers, and resort to other measures calculated to diminish the number of resignations annually occurring in every grade of the services.

These notions are suggested by the recent but unfortunate effort to create a reserved list in the navy, the proposal to make a retired list in the army, and the bill "to increase and regulate the pay of the navy," which passed the Senate of the United States on the 27th ultimo. This bill, it is understood, is designed to add on an average of about twenty-five per

cent. to the present rates of pay for all grades. Through inadvertence somewhere, it is believed, the medical officers are likely to suffer by having taken away from them a part of the very moderate compensation they receive under the present laws.

The pay of medical officers was last established by a law enacted March 3, 1835, just a quarter of a century ago. By this law, assistant surgeons receive, when employed, $950 per annum, and while "waiting orders," $650. After five years, and having been examined and found qualified for promotion to surgeon, waiting orders, $850; employed on shore, $1,150; and at sea, $1,200.

Surgeons are divided into five classes, for pay.

1. Those commissioned less than five years receive $1,000.

2. Those commissioned between five and ten years, receive $1,200.

3. Those commissioned between ten and fifteen years, receive $1,400.

4. Those commissioned between fifteen and twenty years, receive $1,600.

5. Those commissioned twenty years and upwards, receive $1,800.

When employed on shore, they receive an increase of one-fourth, and at sea an increase of one-third of the foregoing amounts; and surgeons of the fleet an increase of one-half; so that it was possible, at the time when this law was enacted, and when the cost of living, in almost every part of the world, was fifty per cent. less than at present, a medical officer, after twenty-five years in the navy, might receive $2,700 per annum while at sea, supervising the medical affairs of a squadron. As we employ but six squadrons, only six surgeons can occupy the post of surgeon of the fleet at the same time, and at the expiration of the cruise they fall back again upon $1,800.

Considering the degree of qualification required for admission and promotion in the naval service, the perils and privations of naval life, the highest rate of compensation is very moderate, and is very much less than the same class of men in the profession attain after a quarter of a century's practice and experience.

It was found, however, in the course of a few years, that gentlemen served, on an average, twelve years as assistant surgeons, and, when promoted, were placed in the first class for pay, and then, even if they could be appointed one of the six surgeons of the fleet, they could receive only $1500 a year. To remedy this in some degree, Congress enacted, in 1848, that in calculating for the pay of surgeons, the time upon the graduated scale of pay should be reckoned from their original entry into the service. The effect of this law was to place the surgeon promoted after being ten years an assistant, in the third, instead of the first class, for pay, and also to advance all the junior surgeons, in the rate of pay, according to the number of years they had been inthe navy.

This enactment of 1848 was an imitation or copy of the regulation which governs the rates of pay of medical officers in the navy of England.

When the bill "to increase and regulate the pay" was prepared, this feature in the existing law on the subject was overlooked, and the pay of surgeons was made to count from the date of their commissions, instead of from original entry into service. And, although about twenty-five per cent. was added to the five rates of pay, the effect of the bill is to reduce the pay of nearly one-half of the surgeons in the navy in various degrees, in some to the extent of $500.

The Senate's bill preserves the five rates of pay for surgeons; they are as follows:

	At sea.	duty.	Other Waiting orders.
1st—Surgeons for the 1st five years,	$1,900	$1,800	$1,400
2d— " 2d "	2,200	2,100	1,600
3d— " 3d "	2,500	2,300	1,800
4th— " 4th "	2,700	2,500	2,000
5th—after twenty years and upwards,	3,000	2,812	2,250
Assistant Surgeons, under 5 years,	1,187	1,087	812
" " over 5 years,	1,500	1,437	1,062

The surgeons promoted in the course of the past year had been in the service fourteen years, or very nearly; as they entered between the ages of 21 and 25, they must be now be-

tween the ages of 35 and 39, and are placed on the lowest rate of surgeons pay, and, should they live to be fifty-five or fifty-nine years old, they will be entitled to receive the highest rate, provided they be physically able, at the age of sixty, or thereabouts, to live at sea in the ward-room, associated with gentlemen of half their years.

When contrasted with the rates of pay assigned to other grades in the navy, those proposed for medical officers appear to be lower even than when viewed apart, and might be considered indicative of the low pecuniary estimate at which medical services are held by the representatives of the people. For example. the pursers who need no qualification besides adult age with the integrity and intelligence common to gentlemen engaged in ordinary commercial pursuits, are assigned immediately on appointment, a higher rate of pay than the surgeon on promotion, after fourteen years' service and probation. Five rates of pay, based on length of service, are assigned to pursers; they will have more compensation, employed ashore or afloat, than the surgeons, and the same pay while waiting orders, as may be seen by comparing the preceding with the following statement:

	At sea.	Other duty.	Waiting orders.
1st—Pursers for the 1st five years,	$2,000	$1,800	$1,400
2d " 2d "	2,400	2,100	1,600
3d " 3d "	2,600	2,400	1,800
4th " 4th "	2,900	2,600	2,000
5th " twenty years and upwards,	3,100	2,800	2,250

A knowledge of accounts alone, is more highly estimated than when added to unquestioned professional ability in the science of medicine and surgery; it is not assuming too much to believe that any gentleman qualified to be admitted as an assistant surgeon in the navy, is also qualified to be appointed a purser, so far, at least, as technical or peculiar knowledge is requisite.

The lieutenants are also divided into five classes for pay; they serve in the subordinate grades of midshipman, passed midshipman, and master, a little more than nine years prior to promotion.

The rates of pay proposed for these grades are as follows:

	At sea.	Other duty.	Waiting orders.
Midshipmen,	$550	$500	$450
Passed Midshipmen,	1,000	800	650
Masters,	1,200	1,100	825
1st—Lieutenants, less than 7 years sea-service,	1,500	1,500	1,200
2d " after 7 "	1,700	1,600	1,266
3d " " 9 "	1,900	1,700	1,333
4th " " 11 "	2,100	1,800	1,400
5th " " 13 "	2,250	1,875	1,450
Commanders for the 1st five years,	2,800	2,662	1,908
" 2d "	3,150	2,825	2,016
Captains,	4,200	3,750	2,750
" in command of squadron,	5,000		

The lifetime scheme of pay in the line of the navy, beginning as a boy, a professional student, runs from $550 a year, at sea, up to $5,000, or nearly ten times increased. But these rates of compensation, considered in themselves, are not large, and are quoted here only to sustain the notion expressed, that our profession has not the pecuniary consideration which it ought to command from Congress.

The sea-service of lieutenants includes their service afloat while midshipmen, &c.: in this respect they thus compare with surgeons, divided in like manner into classes.

	Lieutenants.	Surgeons.
1st. Of less than 7 years service at sea,	16	2
2d. Of more than 7 " " "	43	2
3d. " 9 " " "	42	10
4th. " 11 " " "	49	27
5th. " 13 " " "	175	28
Total number in the Navy,	325	Total 69

There are nearly five times as many lieutenants as there are surgeons in the navy, and considering the ages of the two grades when they respectively begin to serve at sea, the comparison is not very largely in favor of the lieutenants, who are necessarily at sea a considerable part of the time during which they are acquiring their professionl education at the cost of the government, which is not the case with medical or other staff officers of the navy.

Congress might place the medical officers of the navy, at least, upon a footing with pursers, and provide a scale of pay for surgeons of the fleet. A surgeon of the fleet who has served a quarter of a century in the navy, ought not to be paid less than a captain.

We boast not a little of our native intelligence, of the astuteness or ability of our statesmen, and point to them as the motive force which explains the rapidity of our prosperous growth; but it is, nevertheless, in the opinion of a vast number of our fellow citizens, a great comfort to have precedent for our acts, because if some should happen to disapprove, we can abate, if not entirely silence the censorious by pointing to the examples we have followed, taking care, of course, to assert them to be excellent, and thus escape argument on the intrinsic merits of the case.

We are assured that there is no practice in our own navy which has not its analogue in that of Great Britain. Details are imitated so far, that we have copied even the uniform dress of English naval officers, substituting only, an eagle for the crown emblazoned on their buttons; we copy the blue cloth, gold lace ornaments and all. For this reason, it may be considered proper to state here the pay medical officers of the British Navy, with some other grades of the same service.

The pay is reckoned from original entry into service, as follows:

Assistant Surgeon,	under 5 years'	service,	$912
" "	after 5	"	1,049
" "	" 10	"	1,186
Surgeon,	" 10	" or on promotion,	1,369
"	" 15	"	1,642
Staff Surgeon,	" 20	"	2,007
" "	" 25	"	2,281
Deputy Inspector of hospitals and fleets,	" 20	"	2,555
" "	" 25	"	2,737
" "	" 30	"	3,102
Inspector General of hospitals and fleets,	" 20	"	3,650
" "	" 25	"	4,106

Besides these rates of pay, (calculated in round numbers, at the rate of four shillings sterling to the dollar,) there are the rates for those retired from active service, widow's pension, &c. After twenty years in the service, every surgeon becomes a staff surgeon, an honorary title only, with augmented pay. Deputy inspectors and inspectors general of hospitals and fleets, correspond in official duty with the surgeons of the fleet in the navy of the United States.

In the English Navy, pursers are termed paymasters. The corps of paymasters are paid nearly, if not exactly, as follows:

Assistant Paymaster,	under 4 years service, (2d class,)	$476
" "	above 4 " " (1st class,)	638
" "	in charge,	775
Paymaster,	4th class,	1,247
"	3d class,	1,749
"	2d class,	2,372
"	1st class,	3,003

These figures show that the British statesmen place a higher money value upon assistant surgeons, than upon assistant paymasters; upon surgeons than upon paymasters.

Lieutenants are paid about $1,000 a year; commanders $1,500; captains $2,250, $2,873, $3,505, according to class, the highest rate being less than that given to the surgeon of the fleet in the English Navy; in which the rates of pay are kept low in order to make the service more acceptable to the aristocracy. The pay of naval cadet and midshipman is so small that they cannot subsist upon it alone, and live consistently with the social position they fill: the annual pay of the naval cadet is $83, and of the midshipman $159. It must be evident from these figures that only rich men can afford to permit their sons to enter the British Navy. We ought not to imitate English policy in this respect.

The preceding figures afford sufficient precedent, if that kind of argument be needed, for giving higher rates of compensation to the medical, than to any other staff corps in our naval service.

THE ADULTERATION OF SPIRITUOUS LIQUORS—WHERE IS THE POISON, IN THE PURE, OR IN THE ADULTERATED?

There is a prevalent excitement, and much has been lately said and written, in regard to the adulteration of spirituous liquors. The agitation which once prevailed against the "touching or tasting" of alcoholic drinks, seems now to have subsided and taken up a position in affectionate and earnest defence of the ardent against the *impurities* with which it is said to be contaminated. A change in sentiment has taken place, and it seems now popularly implied, tacitly admitted, or posi-

tively asserted, that "good liquor" is an article possessing in itself no deleterious properties, and which may be habitually imbibed without detriment.

If a dread of the noxious effects of the terrible adulterations which, it is said, are practised with alcoholic liquors, would decrease their consumption, its general credence would aid in relieving the community from the greatest cause of human degradation. But if, while presenting the danger of the factitious additions to alcoholic beverages, the well-known noxious qualities of every kind of liquor which has undergone an alcoholic fermentation or distillation, are overlooked, we will be but shrinking from the shadow of death while the demon itself, in the form of ALCOHOL, will still be invited, as harmless, to the social board.

If alcohol be not the "death in the cup"—if the depraved moral sense, the muddled intellect, the bleared eye, the trembling hands and tottering feet, be not alone the invariable effects of *one* well-known poison to the human mind and frame, it is certainly time that we should seek, in the many adulterations of the drunkard's drink, for the true bane of so much human health and happiness. But the appearances of alcoholic poisoning are too familiarly recognized to be mistaken for the effects of other poisons. Whether the poison be presented in the attractive form of champagne wine, the costliness of grape-brandy, or the cheaper draught of corn-whiskey, alcoholic stimulation is the object sought for, and without which such beverages would be no longer attractive.

The number of substances with which, it is asserted, liquors are adulterated, is enormous, and are said to be of the most virulent or corrosive character. If this were really so, we ought more frequently to see some of the invariable characteristics of poisoning peculiar to the articles said to be used; but, on the contrary, every extreme imbiber of the results of vinous fermentations, no matter in what form presented to please the palate, simply and invariably exhibits, in his mind and body, the bestial expressions of alcoholic poisoning.

The Dispensatory says of alcohol, that "it is the intoxicating ingredient in all spirituous and vinous liquors, including under the latter term, porter, ale, and cider, and every liquid, in short, which has undergone the vinous fermentation. As an article of daily use, alcoholic liquors produce the most deplorable consequences. Besides the moral degradation which they cause, their habitual use gives rise to dyspepsia, hypochondriasis, visceral obstructions, dropsy, paralysis, and not unfrequently, mania."

If such are the melancholy effects of the habitual use on the system of all beverages of an alcoholic character in their *purity*—and the symptoms agree with the experience of every medical man—it would seem unnecessary to seek, in the real or fancied adulterations of liquors, for noxious properties which are clearly and simply connected with alcoholic poisons.

Our attention has been led to the present subject by some popular harangues from a a person styling himself "Hiram Cox, M.D., Inspector of Liquors, Cincinnati." However well-meaning may be his efforts in making truly "astounding" disclosures for the intended benefit of the temperance cause, the ignorance displayed and errors stated by him in his sensation speeches, will prevent their accomplishing eventually any real good. As an evidence of the sensation this "inspector" is producing on the public, the following extraordinary account of him, from a daily paper, is presented:

"*Strychnine Whiskey Again*.—One of our temperance societies has engaged Dr. Hiram Cox, the Cincinnati Inspector of Liquors, to deliver a course of lectures showing up the horrors of the trade in strychnine whiskey. This gentleman was appointed by the authorities of Cincinnati to dive into the grog-shops and liquor stores there, and apply chemical tests to the liquor they had on sale. Though hampered and opposed at every turn, yet he was not to be thwarted. The revelations which followed his investigations were perfectly astounding. They carried consternation even among the drunkards, and so diminished the sale of liquor by proving that nineteen-twentieths of it was deadly poison, that numerous distilleries were closed for want of business, and the liquor dealers besought him to quit, declaring that he had cut down their sales $1,000,000

per annum. He showed that most of the liquor sold in Cincinnati was so highly charged with deadly acids, that it immediately attacked and corroded a knife blade, and in some cases left on it a coating of copper, as if deposited by a battery. In nearly one thousand stores and grog-shops where he applied the test, he found the liquors adulterated with poisonous ingredients. He mentions a score of young men who have been sent to their graves by less than three months' drinking of this poison. older men have been killed off by dozens in the same way.

"Two-thirds of all the insane cases in Cincinnati proceed from the same cause, many of them being boys under nineteen years of age. One of them became incurably insane by a single debauch on this adulterated stuff. Much of the liquor inspected contained only seventeen per cent. of alcohol, when it should have contained forty; the rest being represented by sulphuric acid, nitric and prussic acid, nitric ether, fusil oil, nux vomica, Guinea pepper, and other pungent poisons, to give it strength. The compounds Dr. Cox pronounced so deadly that a single pint was sufficient to cause speedy death. These vendors were accordingly prosecuted, punished, and their doggeries closed. The very few who were found to be selling pure liquor were allowed to continue. But the effect of these wholesale exposures on the traffic was most salutary. Thousands immediately quit drinking on learning that nothing but poison was dealt out to them. They will now be repeated here by Dr. Cox himself. Our city needs a purification as much as Cincinnati, as we have thousands of doggeries in which the same rot-gut compounds are sold. Our temperance men intend applying for a law authorizing the appointment of a Chemical Inspector, on the Cincinnati plan, so that if strong drink must be sold among us, it shall at least be the genuine, unadulterated article."

As Dr. Cox seems to be unknown here, excepting from his flashy speeches, we refer for an endorsement of him to the city of which he professes to be the inspector of liquors, and in which he asserts that he has performed such wonders.

The "Druggist," published in Cincinnati, says, in allusion to Dr. Cox's claims:

"We must confess to having a great curiosity to see one of the distilleries which were closed on account of the exposures of the late inspector of liquors of this city, and we would be very much gratified by the sight of a few of the thousands who quit drinking from the same cause. It would also be very gratifying to our feelings to be permitted to see one of the many stores and grog-shops which were closed, or the venders who were prosecuted and punished for selling adulterated liquors. And still more gratifying and refreshing would be the sight of one of the few who were found to be selling *pure* liquor only, and were accordingly allowed to continue.

"Proving the purity of liquors by chemical analysis is a humbug, as every competent chemist knows that only the grossest forms of adulteration can be detected in this way, and the fact of the liquor having been tampered with can be as readily and certainly determined by the taste as by chemical analysis. The more common adulterations, where some pains are taken to imitate good articles, are of such nature as, in the present state of our knowledge, to defy recognition by means of chemical tests.

"With regard to the poisons said to be so commonly present in liquors, it is ridiculous nonsense, or worse, to be taking from the liquors the responsibility for any harm they may do, and putting it on some fancied adulteration.

"As for strychnine, we should have no objection to taking, in one dose, as much of it as Dr. Cox ever obtained from a gallon of Cincinnati whiskey, and should not fear any injury to our health from taking the same amount every day during the rest of our sojourn in this earthly sphere. With regard to the whisky itself, we would not like to venture so much."

The following is what the Doctor thinks of himself. He says:

"An evidence that the exposures which I have been making have had a salutary moral effect, is, that there has not been one-fourth as much liquor sold yearly since as was previously; and another is, that a number of large liquor establishments have closed; their proprietors ruining many of their fellow-citizens who had become their sureties. A number of distilleries have closed in this vicinity. They have, as is familiarly called 'burst their boilers.' One year previous to these break-ups, one of our largest distillers and liquor merchants in the city, said to me, 'Dr. Cox, your articles on the adulterations of liquors, have taken more trade from Cincinnati, and more money—at least $100,000 per month—since they have been put in circulation. For God's sake, stop them, sir!—you will break us up. I have been to New York, and since to Boston, to Rochester, to Canada West, and have just returned; and wherever I stopped there was nothing talked of but the poisoned liquors of Cincinnati. and Dr. Cox's exposures; for God's sake, I say again, stop it!'"

Here is one of his illustrations of his detection of bad liquor, to the word and letter:

"I asked the landlord to pour me out a little in a tumbler, in which I dipped a slip of litmus paper, which was no sooner wet than it put on a scarlet hue. I went to my office got my instruments and examined it. I found it had 17 per cent. alcoholic spirits by weight, when it should have had 40 per cent. to be proof, and the difference in per centage made up by *Sulphuric Acid*, *Red Pepper*, *Pellitory*, *Costic Potassa* and *Brucine*, one of the salts of *Nucis Vomicæ* commonly called Nux-Vomica.

The most of the articles with which it is said liquors are so extensively adulterated must be in a state of harmless dilution, or their flavor could always be detected, or would make the potation so disagreeable as to be repulsive rather than pleasing to the taste of the tippler. Among them, Dr. Cox says, are strychnia, nux vomica, prussic acid, opium, tobacco, sulphate of copper, aloes, quassia, capsicum, etc. The intensely bitter taste of some of these, as strychnia, would render whiskey repulsive, and the immediate nausea produced by others, as sulphate of copper, would soon make their presence known. In consideration too of the fact that beer and spirit manufacturers and dealers are among the greatest consumers of their own wares, such adulterations seem entirely incredible.

Dr. Cox's favorite test for the adulterations of liquors seems, from the reports of his lectures, to be the evidence of the presence of acid by reddening litmus paper—an effect which would, of course, also be produced if simple lemonade or cider were made the subjects of his experiments. The gaping crowd were, it is supposed, convinced by this test, and one confiding individual, it is reported, asked if a similar cause produced the roseate tint of the toper's nose!

The vice of intemperance is of ancient date, and the scriptural accounts of it show the effects of alcoholic drinks to have been the same of yore, when, it cannot be supposed that the reputed adulterations were practiced, as now.

It is argued in favor of *pure* liquors, that in the vine growing and wine producing countries drunkenness is rare. This is believed to be true, and the evident reason of it is in the fact that the new wines which are consumed in those regions contain little more alcohol than ordinary cider. The vice of drunkenness prevails most where strongly alcoholic potations are most abundant, as in Ireland, where potato whiskey is distilled, and in this country, where corn is the abundant staple which is transformed in the still.

We are opposed to the habitual consumption of alcoholic beverages, and present our protest against the production, indirectly, of a feeling in favor of them, especially by a medical man, by attempting to shift the responsibility of the evils which they produce on the adulterations with which they are said to be combined.

Without knowing anything of the tricks of the liquor dealers, we are inclined to believe that *water* is the most frequent, because the cheapest adulterant; and, with our present views of the matter, if compelled daily to swallow a certain quantity of ardent spirit in any form, we would choose at a venture that which has been adulterated to that which is assumed to be "pure liquor."

THE PORTRAIT.

It is no easy thing to produce, either with pencil, or with pen and ink, a truthful portrait. The painter or the writer, as the case may be, is too prone to surcharge the canvas or the paper with colors, dark or glaring, according, not only to his own preconceptions of the original, but also to his ideas of artistic rule and exigency. The feelings of the person whom it is desired to compliment on these occasions are not always consulted, by thinking of the taste, judgment, and self-respect which would make him shrink from being the subject of overwrought eulogy, or from being painted in colors too deeply tinted.

We gladly gave room in our columns on March 24th, to a notice of an interesting scene in the amphitheatre of the Medical Department of the University of Pennsylvania. It consisted in the presentation, on the part of the students of the medical class, of a portrait of their professor, Dr. George B. Wood, to the Wistar and Horner Museum, on the occasion of his retirement from his chair in the univer-

sity. We have received since then a copy of the addresses delivered by Dr. J. Campbell Shorb, of Maryland, on the part of the students, and the reply of Dr. R. La Roche, on the part of the trustees. Both of these are couched in a strain of eulogy, the warmth of which, as sympathising friends, we would not think of damping, even though we may, as critics, fear that its effect is somewhat weakened by redundancies. We should like to have seen, in addition, something more of the characteristic features, and of the specific services of the retiring professor, the mental limning, in fine, corresponding with the distinct delineations of the physical features traced by the artist on canvas. On this ground, and in order to show that there is no lack of due appreciation of his merits outside of the university halls, and among those who can not be accused of corporate bias towards an old favorite, or of youthful enthusiasm for a cherished teacher, we give insertion to the following address. It is of course an imaginary one, penned in consequence of an observation made by a friend, and without a knowledge, and in advance of the addresses which were delivered. If it has any advantage over these, it is in exhibiting some of the more distinctive professional and professorial traits of Dr. Wood. The only change from the original draft is in the initial sentence.

The spontaneous offering of young, warm, and generous hearts must ever be received with grateful emotion, even by the most self possessed stoic. Yielding ourselves to this generous feeling, we accept with unfeigned pleasure, from your hands, the portrait of your late professor, Dr. Wood, as expressive both of your respect and esteeem for the man, and of your intimate conviction of his peculiar merits as a teacher, whose zeal, learning, and intentness of purpose have been so long brought into exercise, not less for your instruction than for the benefit of the university. Among the magnates of this institution, he is now by your act formally enrolled. Henceforth, the visitors to the Wistar and Horner Museum, in looking at the features of our venerated friend, which the artist has so successfully depicted on canvas, will call to mind his long career of usefulness and honor, and not without uttering the wish that it were in the power of art to exhibit him, with appropriate attributes, in the successive parts which he has filled as lecturer, physician and author. A gallery of this kind would be ful of interest and encouraging example. In its place, the pen will record the early transition from a studious learner to a lucid teacher, in association with his eminent preceptor,[1] who allotted to him the lectureship on Chemistry and Materia Medica to his private class. Next we see him professor, in succession, of the same branches in the College of Pharmacy, and, ere long, succeeding to the chair of Materia Medica and Pharmacy in the University of Pennsylvania. This last he filled with so much distinction and approval, as to create the main cause of hesitation in the minds of the trustees, in giving their consent to his transfer to the chair of the Theory and Practice of Medicine, from a fear that his place might not be as well filled by any of his peers in the profession.

You have enjoyed the opportunities of knowing with what continued skill your professor, in the lecture-room of the University, could combine didactic teaching with demonstrations from models of nearly every form of disease, collected, in a great degree, by his own liberality, and make farther and diversified application of these lessons to bed-side practice, in his lectures on clinical medicine, in the Pennsylvania Hospital.

You leave with us the expressive features of the outward man. You carry with you to your respective homes, for continual company, the more enduring characteristics of the inner one, in his written works on his favorite branches. They will serve as guides, not only in the daily walks, but in the obscure and doubtful passages of your professional life, and, at the same time, as incentives for you to contribute your several shares to the great work of soothing the bodily and mental pains, and saving the lives of your fellow-beings—a great, a glorious mission, the most directly derived by man from his Maker. You will often refer with peculiar interest to one of these works, not alone for its intrinsic value and wide-spread circulation among both physicians and pharmacologists, but as a monument of the united labors of two brothers in science, as they have always been in affection, neither of whom, we believe, it may be safely said, would forego the pleasure of the association, were he sure that a hundred fold addi-

[1] Dr. Joseph Parrish.

tional honor and emolument would ensue from his undivided authorship and possession of copyright.

The life-like portrait of Dr. Wood which is now before us, is true to its original, in the absence of any expression of feature which might indicate even an approach to senility, or a decline of mental vigor. It were, notwithstanding, selfish in us to wish that the University might still continue to enjoy the exercise of his unimpaired powers. Let us rather admire his regulated ambition, and sympathize with his craving for learned leisure and the gratification of refined tastes, during a long remaining period, which we will fondly and not unreasonably hope may equal the age of the almost octogenarian Cullen, the great Scotch teacher and writer, who, from his having been successively, Professor of Chemistry, Materia Medica, and the Practice of Medicine, should be ranked as a worthy prototype of our retiring professor.

News and Miscellany.

The Operation for Vesico Vaginal Fistula in Paris.—Dr. Battey says, in a letter to the *Atlanta Medical and Surgical Journal*, that, upon one of his clinic days, "Nélaton essayed the performance of Bozeman's operation for vesico-vaginal fistula—worked for two hours, as I am informed, very industriously in the location of three points of suture, and left the case finally in a condition which he acknowledged to be quite unsatisfactory. A cure was not anticipated, but what the result was, I have not yet learned. Nélaton is unquestionably a superior operating surgeon—perhaps has no successful rival in Paris—but seems, like all Parisian surgeons, to encounter special difficulties in this essentially American operation."

The complications of the operation in the manner probably attempted by the French surgeon, were, it may be supposed, the cause of the apparent awkwardness and delay. We have seen the operation successfully performed by simply uniting with the all-sufficient wire-suture, without the least haste, in thirty minutes, and suppose that in very favorable cases much less time would be required.

Mr. Van Voorst, of London, has in press "The Posthumous Papers of JOHN HUNTER on Natural History, Physiology, Generation, Psychology, Palæontology, and Comparative Anatomy." Edited with notes, by Prof. Owen.

Army News.—Leave of absence for thirty days has been granted to Assistant Surgeon R. H. Alexander, Medical Department.

Assistant Surgeon G. E. Cooper has been ordered to report on or before the 25th inst., to the commanding officer of Fort Monroe, for duty at that post during the temporary absence of Surgeon J. M. Cuyler, a member of the Medical Board appointed to meet in the city of New York the 1st of May. On the return of Surgeon Cuyler to his station, Assistant Surgeon Cooper has been authorized to avail himself of the unexpired leave of absence heretofore granted to him.

The following Medical Officers have been assigned to duty at the posts set opposite their respective names, viz.:

Assistant Surgeon N. S. Crowell, to Fort Yuma, Cal.

Assistant Surgeon J. C. Herndon, to Fort Mohave, N. M.

Assistant Surgeon J. J. Milhau, to Fort Umpqua, Oregon.

Assistant Surgeon R. F. Simpson, now on leave of absence, has been ordered to repair to Fort Ridgely, Minnesota, on or before the 1st of May next, and report for duty at that post.

Assistant Surgeon C. H. Smith, now on duty in Texas, has been ordered to report on the 1st of May next, or as soon thereafter as practicable, to Surgeon C. A. Finley, President of the Medical Board appointed to meet in the city of New York, for examination for promotion.

Assistant Surgeon L. H. Stone has been ordered to repair, on the 7th of May next, to the city of New York, and report to Surgeon C. A. Finley, President of the Medical Board for examination for promotion.

A Naval Medical Board for the examination of candidates for admission into the medical staff of the Navy, is in daily session at the Naval Asylum in this city. It consists of Surgeons Jas. M. Green, (President), W. S. W. Ruschenberger, Joseph Wilson, Jr., and Passed Assistant Surgeon Albert Schriver, (Recorder.)

Dr. Windship, of Boston, who is well known on account of his extraordinary developement of physical strength, is now lecturing on Physical Culture in this city, in connection with Hillebrand's and Lewis' gymnastic establishment.

The Episcopal Hospital.—Contracts have been entered into by the Managers of the Episcopal Hospital for the erection of a large hospital building on Lehigh avenue, near Front street, in this city. The corporation owns twelve acres of land in this vicinity, six acres of which was donated for the use of a hospital.

———o———

Answers to Correspondents.

Dr. C., Penna.—The cost of binding the second and third volumes together would be about 75 cents. But they ought to be bound separately, as they would make too bulky a volume, and you may wish to procure the first volume, and thus complete your set.

Dr. S, Penna.—We can furnish back volumes from the commencement, at the original subscription price.

Dr. H., New York.—Dr. Agnew's articles on Anatomy began with the second volume, in April, 1859. We can furnish the whole series in the REPORTER at the subscription price.

Dr. C., Ohio.—We have sent the numbers you wrote for Send fifty cents in three cent stamps.

Dr. J. E. B., S. C.—The person to whom you sent your subscription money is no longer an agent of the REPORTER. He has not reported the money to us, but as he buys copies weekly, we presume you will still be served *by him.*

Dr. J. A. H., Del.—Send remittances hereafter *directly to our office.* The person to whom you sent your subscription money is not now an acting agent of the REPORTER.

COMMUNICATIONS RECEIVED.—*California*, Dr. A. H. Hershner, (with encl.)—*Delaware*, Drs. Jump & Jones, (with encl.,) Dr. James A. Hopkins, (with encl.)—*Georgia*, Dr. D. R. Richardson, (with encl.)—*Illinois*, Dr. B. Woodward, (with encl.)—*Kentucky*, Drs. Bemis & Beuson—*Mississippi*, Dr. S. C. Young, (with encl.,) Dr. T. S. West, (with encl.)—*New Jersey*, Dr. W. Johnson, Dr. W. Elmer—*New York*, J. A. Murphy & Co., Dr. Chas. S. Richardson, (with encl.)—*Ohio*, Dr. Geo. Liggett, (with encl.,) Dr. P. H. Clark——*Pennsylvania*, Dr. O. D. Palmer, (2,) Dr. A. G. Walter, (with encl.,) W. H. King, (with encl.,) Dr. John W. Lodge, Dr. J. S. Stewart, Dr. W. C. Bossett, (with encl.,) Dr. W. S. McCorkle, (with encl.,) Dr. F. W. Vandersloot, (with encl.,) Dr. M. L. Miller, (with encl.)—*Rhode Island*, Dr. E. M. Snow—*South Carolina*, Dr. Robert Wilson, (with encl.,) Dr. J. E. Burkhalter.

Office Payments.—Dr. S. P. Bartleson, Dr. Benj. Collins, Dr. F. F. Burmeister, Dr. T. G. Morton, Dr. Riehl, Dr. R. S. Kenderdine, Dr. J. Siter Parke.

TO PHYSICIANS.

WANTED, A PARTNER IN THE PROPRIETORSHIP OF an Institution, and a large Practice connected therewith. To a well-qualified Physician, who can furnish $3,000, this offers unusual pecuniary and professional advantages.

Applications to be addressed to

WILLIAM LEWIS, M. D.
Care of J. H. Rosenbaum,
Box 3,219, New York, P. O.

APOTHECARIES, DRUGGISTS, AND PHYSICIANS.

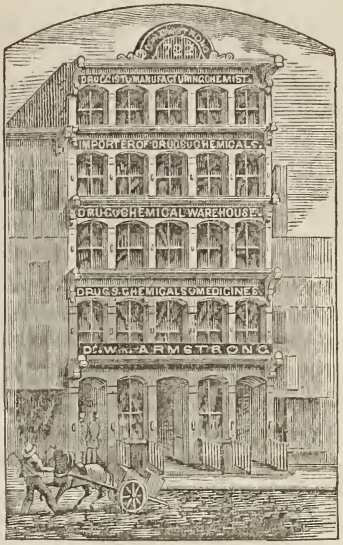
FOR SALE, AN EXCELLENT RETAIL CASH BUSINESS, twelve years established in a large and thriving town, seven miles from Philadelphia.

A respectable person, wishing fully to satisfy himself, may stay with the advertiser a week or two without charge for lodging. Apply to

BULLOCK & CRENSHAW,
Druggists, corner of Sixth and Arch streets.

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.



Also a General Assortment of Concentrated Medicines, from the Laboratories of MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut	2 to 5	1 50
Alnuin	Res. Rd. Neut	2 to 10	75
Apocynin	Rd. Res. Neut	½ to 3	2 00
Asclepin	Rd. Neut	1 to 5	1 50
Baptisin	Res. Neut	1 to 8	1 00
Barosmin	Res. Neut	1 to 3	2 00
Caulophylin	Rd. Neut	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut	2 to 5	1 25
Chimaphilin	Res. Rd. Neut	2 to 5	1 00
Collinsonin	Res. Neut	2 to 5	2 00
Colocynthin	Rd	½ to 2	2 00
Cornin	Rd. Neut	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut	1 to 3	3 00
Cypripedin	Rd. Neut	2 to 4	1 00
Digitalin	Rd. Alk. two Neut	¼ to ½	1 50
Dioscorein	Res. Neut. M. R	2 to 5	1 50
Enonymin	Rd. Alk. Neut	1 to 4	2 00
Enphorbin	Rd. Neut	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk	2 to 5	1 50
Fraserin	Res. Neut. and M. R	2 to 10	1 00
Gelsemin	Rd Alk. Neut	¼ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd Neut	3 to 8	2 00
Hamamelin	Res. Neut	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut	¼ to ½	2 50
Irisin	Res. Rd. Alk. Neut	1 to 3	1 00
Jalapin	Res	2 to 5	1 50
Juglandin	Rd. Neut	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut	2 to 5	60
Lupulin	Res. Rd. Neut	1 to 4	75
Lycopin	Rd. Neut	1 to 4	1 00
Macrotin	Rd. Alk. Neut	½ to 2	60
Menispermin	Rd. Alk. Neut	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut	½ to 3	1 00
Podophyllin	Rd. Alk. Neut	½ to 3	60
Populin	Rd. Neut	2 to 5	50
Prunin	Rd. Neut. Amyg	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to, and sent to all parts of the United States, by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Phila.

LABORATORY
—FOR—
PRACTICAL AND ANALYTICAL CHEMISTRY,

CHANT STREET, TENTH BELOW MARKET.

SPECIAL Instruction given in Practical Chemistry, Mineralogy and Geology. A well arranged Laboratory, Mineral and other Collections, and a large Library, offer superior advantages to the Student.

Careful Analysis made of Ores, Minerals, Guanos, Waters, Vegetable Substances, and Products of Art.

Opinions given on Chemical Questions.

JAMES C. BOOTH,
THOMAS H. GARRETT,
JOHN J. REESE, M. D.

—o—

PRACTICAL INSTRUCTION IN MEDICAL CHEMISTRY.

DR. REESE proposes forming a Class of Students and Graduates of Medicine, for PRACTICAL INSTRUCTION in MEDICAL CHEMISTRY, in connection with the above Laboratory.

The design will be to familiarize the pupil with the methods of analyzing the various solids and fluids of the Body, both healthy and diseased. To this end, he will be exercised, from the beginning, in PRACTICAL MANIPULATION with the different re-agents, under the immediate supervision of his preceptor—much in the same manner as Practical Anatomy is learned in the dissecting room. The subject of TOXICOLOGY will receive special attention, both in the determination of Poisons (organic and inorganic) and the action of their antidotes. PHARMACEUTIC CHEMISTRY will also be studied, so far as it relates to the extraction of the active Medicinal Principles, and the chemical re-action of Medicines.

In connection with the above, DR. REESE will deliver a Course of Lectures on MEDICAL CHEMISTRY during the Spring and Summer months, *which will be free to those taking the Practical Course.*

Fee, (including materials, but exclusive of breakage,)..... $25 00
" for the Lectures..... 10 00

For further Information, Apply at the Laboratory.

Philadelphia, March, 1860. 179-3t

TRUSS
AND
BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES, (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

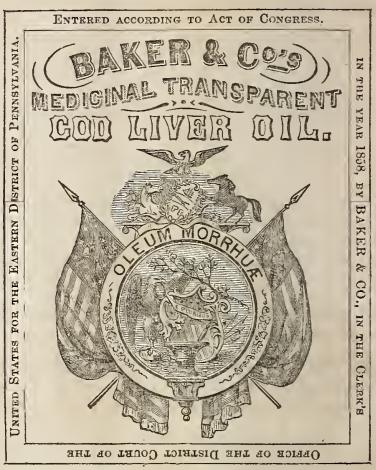
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with above, with flattering results. 175

The most Reliable, Efficacious, and Scientific Remedy for

CONSUMPTION, SCROFULA, DEBILITY, &c.,


ENTERED ACCORDING TO ACT OF CONGRESS.
IN THE YEAR 1858, BY BAKER & CO., IN THE CLERK'S
UNITED STATES FOR THE EASTERN DISTRICT OF PENNSYLVANIA.
BAKER & Co's
MEDICINAL TRANSPARENT
COD LIVER OIL.
OLEUM MORRHUÆ
OFFICE OF THE DISTRICT COURT OF THE

which, from its long established and well-tested reputation for purity freshness, uniformity of character, and superiority of its mode of preparation, from the most eminent of the medical profession throughout the country, the distinguished faculty of the oldest and best medical colleges, the University of Pennsylvania, and thousands of invalids—claims the patronage and confidence of all who desire the advantages of a superior and genuine article.

As the value of this remedy depends solely on its genuineness, invalids should be careful to take only that of undoubted reputation, as its qualification cannot be ascertained by observation.

For testimonials, see the pamphlets accompanying each bottle, and be sure to procure only "J. C. BAKER & CO.'S PHILADELPHIA COD LIVER OIL," which is to be had of all apothecaries, and from the proprietors.

BAKER & CO.,
175 154 North Third Street.

BOWER'S
CLARIFIED
MEDICATED FIGS.

This novel and attractive invention furnishes a most convenient mode of administering a mild cathartic medicine. The Fig is inlaid with pure ALEXANDRIA SENNA LEAVES, pulverized and deprived of the stem and all impurities, and combined with some of the finest and most grateful aromatics, and so minutely incorporated with the pulp of the fruit as to render the Senna almost imperceptible to taste.

These figs will be found of great service in HABITUAL CONSTIPATION, BILIOUS AFFECTIONS, and where an agreeable and gentle, yet efficient purgative is needed.

They are put up in handsome style, and sold to the trade at liberal rates.

Manufactured only by

GEO. C. BOWER, Druggist,

N. E. CORNER OF SIXTH AND VINE STS.,
PHILADELPHIA.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests. MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

J. M. MIGEOD,

MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.

Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12	1 oz.	Ground Stop. Bottles and		
	12	1½ oz.	" "		$9 50
No. 2, containing	10	1 oz.	" "	and	
	10	1½ oz.	" "		8 50
No. 3, containing	8	1 oz.	" "	and	
	8	1½ oz.	" "		7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24	1 oz.	Ground Stop. Bottles,	$10 50
No. 5, "	20	1 oz.	" "	9 50
No. 6, "	16	1 oz.	" "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24	1 oz.	Ground Stop. Bottles,	$10 50
No. 8, "	20	1 oz.	" "	9 50
No. 9, "	16	1 oz.	" "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27	1 oz.	Ground Stop. Bottles,		
" "	18	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$19 00
No. 2, containing	21	1 oz.	Ground Stop. Bottles,		
" "	14	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$15 50
No. 3, containing	18	1 oz.	Ground Stop. Bottles,		
" "	10	½ oz.	" "	and	
" "	4	Pots,	" "		$12 00
No. 4, containing	20	1½ oz.	Ground Stop. Bottles and		
" "	2	Pots,	" "		$8 50
No. 5, containing	15	1 oz.	Ground Stop. Bottles,		$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9	1½ oz.	Ground Stop. Bottles,		
" "	18	1 oz.	" "		
" "	18	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$20 00
No. 2, containing	7	1 1½ oz.	Ground Stop. Bottles,		
" "	14	1 oz.	" "		
" "	14	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$16 50
No. 3, containing	14	1 oz.	Ground Stop. Bottles,		
" "	14	1½ oz.	" "	and	
" 4	4	Pots,	" "		$13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition.) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116. t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, approved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

ELECTRO-MAGNETIC

AND

MAGNETO-ELECTRIC MACHINES,

AND TELEGRAPH REGISTERS.

Receiving Magnets, Keys and Zincs,

MANUFACTURED AND FOR SALE BY

W. C. & J. NEFF,

No. 3½ SOUTH SEVENTH STREET,

PHILADELPHIA.

HUSBAND'S

ISINGLASS ADHESIVE PLASTER.

THIS PLASTER has been found to be admirably adapted to strapping after surgical operations, and as a dressing to either incised or lacerated wounds. It is cleanly, of easy application, adheres firmly *without producing inflammation*, and being semi-transparent, allows of an examination of the parts without their having to be disturbed by its removal, until, in many instances, the cure is effected. This Plaster is not affected by age, and will bear exposure to any climate.

Professor MUTTER, in his late edition of Professor Liston's Lectures on Surgery, &c., remarks that "the Isinglass Plaster, referred to by Mr. Liston, is exceedingly well made by Mr. Husband, of this city; and for some time past I have almost abandoned the use of the old adhesive plaster of the shops, which often, in persons of a delicate skin, or children, produces troublesome irritation."

For sale by the Druggists, and by

T. J. HUSBAND,

173 N. W. Cor. Third and Spruce sts., Philada.

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS,

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPÆIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

Aloes, U. S. P.	$0 37½
Aloes et Assafœt: U. S. P.	37½
Aloes et Ferri	37½
Pulv: Aloes, Socot: ½ gr. / " Zingib: Jam: 1 gr. / Ferri Sulph: Exsic: 1 gr. / Ext: Conii ½ gr.	
Aloes et Mastich: (See Pil: Stomachicæ)	37½
Aloes et Myrrhæ, U. S. P.	37½
Anderson's Scots:	37½
Pulv: Aloes Socot: / " Sapon: Hispan: / " Fruct: Colocynth: / " Gambogiæ / Oleum Anisi	
Anti-bilious (Vegetable)	37½
Pulv: Ext: Coloc: C: 2½ grs. / Podophyllin ¼ gr.	
Assafœtidæ, U. S. P.	37½
Bismuth: Subnit: 3 grs.	37½
" Subcarb 3 grs.	37½
Calomel: 3 grs.	37½
" Comp: (Plummer's) 3 grs.	37½
Calomel / Oxysulph Antimony / Guaiacum Resin	
Calomel et Opii	37½
Calomel 2 grs. / Opium 1 gr.	
Cathart: Comp: U. S. P.	37½
Cinchon: Sulph: 1½ grs.	50
Cook's, 3 grs.	37½
Pulv: Aloes Soc: 1 gr. / " Rhei 1 gr. / Calomel ½ gr. / Sapo Hispan: ½ gr.	
Colocynthidis Comp: 3 grs.	37½
Ext: Coloc: Comp: U. S. P.	
Copaibæ, U. S. P. 3 grs.	37½
Copaibæ et Ext: Cubebæ	37½
Pil: Copaibæ, 3 grs, / Ext: Cubebæ 1 gr.	
Copaibæ Comp:	37½
Pil: Copaib: / Resin Guaiac: / Ferri Cit: / Ext: Cubeb:	
PIL: Fel Bovinum,	50
Inspisated Oxgall 2 gr. / Powd: Jamaica Ginger, 1 gr.	
Ferri (Quevenne's) 1 gr.	37½
Ferri Carb: (Vallett's) U. S. P. 3 grs.	37½
Ferri Citrat: 2 grs.	37½
Ferri Comp: U. S. P.	37½
Ferri Iodid: 1 gr.	50
Ferri Lactat: 1 gr.	37½
Ferri et Strychniæ	62½
Strychniæ 1-60 gr. / Ferrum per Hydrogen (Quevenne's) 2 gr.	
Ferri Valer: 1 gr.	75
Ferri et Quin: Cit: 1 gr.	50
Ferri et Strychniæ Cit: 1 gr.	37½
Strychnia Cit: 1-50 gr. / Ferri Cit: 1 gr	
Galbani Comp: U. S. P.	37½
Hooper (Female Pills)	37½
Hyd argyri, U. S. P. 3 grs.	37½
Ipecac et Opii, 3⅓ grs.	37½
Pulv: Doveri, U. S. P.	
Opiii, U. S. P. 1 gr.	37½
Opii et Camphoræ	50
Pulv: Opii, 1 gr. / Camphoræ, 2 grs.	
Opii et Plumbi Acet:	37½
Pulv: Opii, ½ gr. / Plumbi Acct: 1½ grs.	
Quiniæ Sulph: 1 gr.	62½
Quiniæ Sulph: 2 grs.	1 00
Quiniæ Comp:	75
Quin: Sulph: 1 gr. / Ferrum per Hydrogen (Quevenne's) 1 gr. / Acid Arsenious 1-60 gr.	
Quiniæ et Ext: Belladon:	62½
Quiniæ Sulph: 1 gr. / Ext: Belladon: ½ gr.	
Rhei, U. S. P.	37½
Rhei Comp: U. S. P.	37½
Scillæ Comp: U. S. P.	37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr.	37½
Pulv: Aloe Scott: / Gum: Mastich: / Flor: Rosæ	
Zinci Valerian: 1 gr.	75
GRANULES, Acid: Arsenious, 1-20 gr.	25
" " 1-50 gr.	25
Aconitia, 1-60 gr.	50
Atropia, 1-60 gr.	50
Corrosive Sublimate, 1-12 gr.	25
Digitalin, 1-60 gr.	50
Elaterium (Clutterbuck's) 1-10 gr.	38
Extract Belladonna, Eng: ¼ gr.	25
" Cannabis Indica, ¼ gr.	37½
" Hyoscyamus, Eng: ½ gr.	25
" Nux Vomica, ½ gr.	37½
Mercury Iodide, ¼ gr.	25
" Red, 1-16 gr.	25
Morphia Sulphate, 1-10 gr.	37½
" " 1-6 gr.	50
" Valerianate, ⅛ gr.	62½
Quinia Valerianate, ½ gr.	1 00
Silver Nitrate, ¼ gr.	37½
Strychnia, 1-20 gr.	37½
" 1-40 gr.	37½
Veratia Sulphate, 1-12 gr.	37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 180, 1y.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 183. } PHILADELPHIA, APRIL 21, 1860. { NEW SERIES VOL. IV. NO. 3.

ORIGINAL DEPARTMENT.

Communications.

ANATOMY

IN ITS RELATIONS TO

MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 26.

INTRA-ORBITAL REGION — (*continued.*)— The superior straight muscle seems to possess an influence over the eyeball, under certain circumstances, which it is difficult to understand on mere anatomical grounds. I allude to the turning up of the eye so as to conceal the cornea beneath the lid, leaving only the inferior circumference, or the white of that portion of the ball exposed, as in fainting, sleep, or in the article of death. The idea entertained by Sir Charles Bell, that this resulted from the organ being given over to the unrestrained action of the oblique muscles, is not tenable when the nerve distribution is considered. A most beautiful, devout and poetic sentiment has originated in the observation of this position of the eyes in dying children.

"Vulgo aiunt hos tennellos suam patriam respicere."

The expression arising from the position, however painful and distressing to bystanders, is not one of suffering, but insensibility; and it will prove a source of great satisfaction and relief to those who may be called to witness the last struggles of departing friends, to know that such is the case. It would seem to be an intermediate condition, in which nature kindly draws around the soul the crysalis curtains of that transitional sleep which merges mortality into immortality. There is also a natural theology in this position of the eye, which the coldest objections of infidelity cannot gainsay. All nations, civilized or barbarous, in the devout exercises of the mind, intuitively turn the eyes upward, as an involuntary recognition of a God above, and the genius of their sculpture and painting recognizes the same sentiment whenever its holier conceptions have been embodied in marble or transferred to canvas. In fish, we have the same number and arrangement of the ocular muscles as in man, except that there is no pulley for the superior oblique. The same distribution of nerves also exists.

When the straight muscles all act in equal harmony and force, they restrain the eye toward the bottom of the orbit; therefore, when the soft padding of fat which is packed around the ball is removed by wasting disease, they will draw it back, thus producing the hollow orbit and sunken eye. I can recall a case in which this fat, having in a great measure been removed, a most distressing painful condition resulted from the muscles dragging the eye forcibly back against the nerves at the summit of the orbit. A section of some of these muscles would naturally suggest itself in such a case.

Loss of muscular power, or the division of more than one of them, may be followed by inordinate prominence of the eye. The connection between very prominent eyes and disease of the heart, either functional or organic, has not been overlooked by writers, and is generally associated with anemia; and as this condition of the blood is favorable to serous exudation, it would seem most likely that

effusion into the ocular fascia causes the protrusion.

If there be an undue activity or diminution in the power of one of the straight muscles, a mal-direction of the eye will follow, giving rise to strabismus, or squint. Generally speaking, the converging variety is most common. Though in many of the cases which come under the observation of the surgeon, both eyes are turned in, yet the defect belongs but to one, the movements of the lateral straight muscles of each eye being so nicely associated as to give a similar direction to each. From this circumstance, it often becomes a matter of some difficulty to determine positively which is the squinting eye. There are several means employed to decide this, which it is not in place here to present, but it will be found in most cases that the voluntary control over the sound eye, in the direction opposite to the squint, will be greatest; that is, the abduction of the sound eye will be greatest in converging squint. These deviations of the eye from the antero-posterior axis of the orbits, are known to take place in children during dentition, and also when suffering from verminous irritation. The explanation will be satisfactory, when we remember that the same pair of nerves (5th) which supply the gums with common sensibility, confers the same endowments upon the muscles of the orbit; and that the pneumogastric nerves distributed in part to the stomach, have communications with the fifth pair. The removal, therefore, of the exciting cause will sometimes be followed by a removal of the deformity, without resorting to an operation. An opacity of the cornea will often beget a squint, as a remedy for the mechanical obstruction to the entrance of the visual rays. To attempt any alteration in the direction of the ocular globe, in such a case, would be obviously improper.

Excessive use of the organ may develope strabismus, simply by producing disordered sensibility. As the vein and nerves pass out and in to the orbit through the same opening, (*sphenoidal fissure,*) any cause which will embarrass the circulation of the former, as tumors or cerebral congestion, may prove sufficient by pressure against the latter, to induce strabismus.

The ocular fascia constitutes a loose capsule, in which the eye can roll with perfect freedom; when inflamed to any extent, it may contract attachments which will interfere with these movements. Purulent collections, when they form in it, may be detected by their pressing forward the conjunctiva where it is reflected from the lids to the eyeball, so as to form a tumor between the two; and here would be a proper place to make a puncture for evacuation.

A non-vascular tumor is occasionally seen at this same situation, which is accounted for by the effused fluid being exterior to the ocular fascia, in which the blood-vessels run between it and the conjunctiva. This fascia, which forms sheaths for the muscles, is much more closely connected to their fleshy than to their tendinous portions. That the divided ends of the muscle may retract, it will, therefore, be necessary to incise the deep layer of the fascia, otherwise it will continue to bind them together, and counteract the correcting power of the one antagonizing. This important fact has been well pointed out by Malgaigne, in his *Manual de Medicin Operatoire.* To accomplish this with certainty, the hook should be passed beneath the muscle at a point posterior to the tendon. There is another reason for the division being made well back, as the tendons of the straight muscles blend at their margins, and thus becoming so expanded that the instrument will be more likely to transfix than to raise one in its completeness. The fibres remaining undivided, will act as checks, and defeat the cure.

The many blood vessels which run in this sub-conjunctival tissue will offer an objection to the submucous division practiced by some surgeons, in consequence of the extravasation of blood.

Persons under the influence of intoxicating drinks present us with a very singular and ludicrous expression from the levator palpebræ losing its power to sustain the eyelid, in consequence of which, the individual endeavors to raise it by a forcible contraction of the

occipito frontalis muscle which, wrinkling the forehead, and taking in connection the facial alteration gives the debased and perplexed air to the countenance.

Lachrymal Gland.—This organ is situated within the upper and outer part of the orbit, and partially divided into two unequal portions, the greater one lodged in the lachrymal fossa under the external angular process of the frontal bone and attached by fibrous bands to the periosteum; the lesser part against the posterior or attached margin of the upper lid. The entire gland is oblong, and about the size of an almond. Its under surface is concave and adapted to the convexity of the eye resting on the upper and external straight muscles. The 5th pair of nerves distributes branches to it. This nerve, as well as the others in the orbit have many communications with the organic or sympathetic system, and, of course, carry such branches with them in their several distributions. Between the optic nerve and the external straight muscle is situated the *ophthalmic* ganglion, a centre of sensory, motor, and sympathetic filaments. The artery which conveys blood to the gland is the *lachrymal*, the first and largest branch of the ophthalmic, and which follows the external straight muscle. The *lachrymal secretion* in its chemical constitution is similar to the serum of the blood. It contains chloride of sodium among its other constituents.

The secretion is conveyed to the eye by several small ducts, which open upon the upper and outer part of the conjunctiva on a line where it is reflected upon the eyeball, and is afterwards distributed over the surface of the eye by the movements of the lids.

Practical Observations.—As the lachrymal glands are intended to furnish a moistening liquid to the eyes, and as nature never confers any unnecessary organs upon an animal, we may expect to find them absent in such creatures as inhabit the water. Accordingly fish possess no lachrymal apparatus. These parts first appear in the higher reptiles. It should not be overlooked that the conjunctiva possesses all the elements of a gland, and while its special function is not that of lubricating the eye, yet it nevertheless does contribute something to this end. Disease sometimes obliterates the lachrymal canals or sac, and then the secretion of the gland will overrun the lids and excoriate the cheeks, becoming a source of great annoyance. Or disease may attack the lachrymal gland itself, and its removal under either circumstance becomes desirable. The function of the organ in such cases, will be substituted to a considerable degree by the conjunctiva.

The position of the gland will require for its exposure when extirpation is demanded, the simple detachment of the superior eyelid from the upper and outward margin of the orbit. The conjunctiva need not be disturbed, as the gland is posterior to its reflection. The constriction in the organ giving it a bi-lobed appearance should be recollected, otherwise only one portion may be removed, under the supposition of its being the whole gland. Of course, if a small portion even should be left, the secretion will continue. The lachrymal artery, being of considerable magnitude, may, in such operations, be expected to pour out considerable blood, but is quite accessible to the ligature.

The lachrymation attending ophthalmia is explained by the conjunctiva and gland being supplied with nerves from the same pair (5th.) The flow which follows the contact of a foreign body with the surface of the eye depends upon the same communications. This discharge is salutary by way of unloading the vessels of the orbit.

Irritation of the nasal mucous membrane will excite tears also, because the nasal nerve is derived from the fifth pair. Thus follow the watery eyes in influenza.

Cases occur in which there is a complete arrest of the secretion. The eye loses its brilliancy; becomes dry and inflamed, there being no fluid to wash away such foreign particles as may become attached to its surface. The causes which bring about this condition are such as exert a great depressing influence over the nerve centres, or by pressure induce a local paralysis. The secretion of these glands, it is well known, is very much under the influence

of emotional causes. Thus tears may flow as marks of grief—

"What means that hand upon that breast of thine?
Why holds thine eye that lamentable rheum,
Like a proud river peering o'er his bounds?"

Or there may be a degree of grief so profound that these fountains dry up, and the eyes assume the stolid vacancy of an Ophelia, a grief something like that which the great poet puts in the mouth of Hamlet:

"It is not alone my inky coat * * *
No, nor the fruitful river in the eye * * *
But I have that within which passeth show."

Joy may be followed by a discharge of tears, and when either under the influence of grief or joy the glands pour forth this secretion. The influence is most beneficial to the system in relieving that peril and insufferable agony arising from pent up feeling. A few such drops might have unloaded and saved the great heart of the patriotic old door-keeper, who fell dead with joy on receiving the news of the surrender of Cornwallis.

The tears which suffuse the eyes in excessive laughter serve to unload the intra-orbital vessels, which become engorged with blood under this emotion.

The emotions are usually referred to the breast, probably from the participation of the heart in their phenomena, and their effects on the lachrymal gland can only be explained by the connection which exists between the fifth and the ganglionic class of nerves. The ducts of the gland may become obstructed, and be dilated into a tumor something like those of the sublingual glands.

In the use of collyria containing lead or silver, especially where there is a breach in the tunics of the eye, as in corneal ulcers, the composition of the tears must not be forgotten, as insoluble deposits of the chloride of lead or silver may follow. The briny taste of the tears is due to the salt which they contain. An allusion to this constituent is made in Hamlet's soliloquy on the marriage of his mother—

'Within a month!
Ere yet the salt of most unrighteous tears,
Had left the flushing in her galléd eyes.'

Lachrymal calculi are met with occasionally, and which must be referred to disorder of the fifth pair of nerves affecting the chemistry of the gland, just as injuries of the spinal marrow may determine a urinary calculus.

Operation and Treatment for Strangulated Femoral Hernia.

By E. C. Ellet, M. D.,
Of Bunker Hill, Illinois.

On Sunday, 25th March, 1860, I called to see Mrs. McK., a hard-working woman of good constitution, aged fifty years. Found her suffering with all the symptoms of strangulated femoral hernia. Hard, elastic tumor in right groin, about the size of a walnut; very tender to the touch; which she stated had been enlarging for the last twenty-four hours.

Patient informed me she had been aware of the existence of this infirmity for over six years; but, as she had never experienced any serious trouble from it until the present occasion, had kept the secret to herself.

At first, I tried the usual means for reduction by the gentle application of the taxis, placing the patient meanwhile in every position that offered to facilitate that end; failing in this endeavor, I spread a plaster of extract of belladonna, (a common resort with me in such cases,) and covered the tumor with it—directing it should be respread every twelve hours. For the pain and sick stomach, (vomiting had not yet begun,) I prescribed small doses of sulphate of morphia, and occasional injections per anum of warm water. All proving useless—constitutional symptoms fast setting in, together with proper stercoraceous vomiting, the skin over the tumor having assumed quite an erysipelatous tint—I determined by noon of Tuesday to operate.

Sending for my partner, Dr. E. Howell, our patient's bed was placed near the door, (our only chance for light,) and, being fairly placed under the influence of chloroform by Dr. H., I made the usual incisions, cautiously exposing the peritoneal sac to full view. Feeling for the point of stricture exterior to sac, and considerably enlarging it with the

bistoury's point, I made frequent but ineffectual efforts to reduce the tumor. Being obliged to open the sac, I discovered the space within filled with omentum, which I followed with the finger to the point of escape, which was readily dilated with a very trifling further use of the knife. Before reducing, I cut away some portions of the omentum that seemed gangrenous. Carefully returning the residue, the wound was closed with sutures and straps in the usual way, and a properly adjusted compress and bandage applied.

For three or four days, the patient evidently suffered with peritoneal inflammation; but that kindly subsiding, resolution was rapid, and she is at this time, sixteen days after the operation, quite recovered and able to be about the house.

I will take this occasion to mention, as I think it a point of no little value, that, in all those cases of strangulated hernia where the symptoms are not sufficiently urgent to demand immediate operation, much good may be effected in the way of relief of pain to the patient and gradual reduction of the tumor, by the constant application of extract of belladonna, either in the form of ointment well rubbed in and frequently applied, or spread pure in the shape of emplastrum; this, together with rest in the recumbent position, carefully regulated diet, and occasional injections of warm water per anum, will, in the vast majority of cases, be sufficient to give relief in a few days.

Out of a great many cases of strangulated hernia which have come under the observation of my partner and myself, we have only met with two in the space of twenty years, in our own practice, that required operation, and we have frequently failed with the taxis.

In conclusion, I will state, the result of my experience goes decidedly against the administration of purgatives, in every form, when strangulation exists.

The Arabs perform the following operation for the relief of headache: They shave the head and make several incisions about the sutures of the cranium, letting the blood run until the head be relieved.

Illustrations of Hospital Practice.

JEFFERSON COLLEGE.

APRIL 11TH.

Clinic of Professor Gross.

(Reported by Dr. W. P. Moon.)

Venereal Warts.—This patient is under treatment and doing well, notwithstanding he is not careful as to cleanliness. This is a very important point. The disease is produced by impure connection. The case does not require any constitutional treatment. The local remedy, according to Professor Gross' experience, is the application of chromic acid. This acid acts, not only as an escharotic, but also as a sorbefacient, causing shrinking and shriveling of the warts, and thereby preventing any further growth. It should be applied very gently once every third day, the affected surfaces being kept apart in the interval with dry lint.

Coxalgia—Hip-joint Disease. — Two cases: one incipient, the other advanced; both children from two to three years of age. In one of these, (the incipient,) the disease had been existing for three months, while in the other it was said to have been noticed only one month previous. The latter had been treated by two physicians, who had entirely overlooked the seat and nature of the complaint, referring it to the knee, because the pain was there, and applying their remedies accordingly.

Dr Gross, exhibiting these patients, pointed out the diagnostic signs, remarking that he could not see how any intelligent practitioner could mistake the case; nor did he think such an one ever did. The child becomes lame, and complains of pain, which is always referred to the knee. Why there, we cannot tell. Damp weather and fatigue increases it. In the night, he starts, awaking as if affrighted, screaming with pain.

The difference in the two sides is invariably well marked, and cannot be mistaken. *Always*, when this disease is suspected, strip the patient—as was done here—observe the want of rotundity of the nates, and the loss of the crease below the gluteal muscles on the affected side; while at the seat of the disease, just behind the trochanter, the hip is flat and shrunken. There is an *apparent*, but not actual, shortening of the limb, which is also much thinner than the other, and the child stands on the well leg. Percussion upon the knee, flexing the leg of the affected side, will cause pain at the hip-joint.

As to the treatment, Dr. Gross said it was evident that the actual cautery was the best means of cure, combined with appropriate constitutional remedies. The disease depends upon a strumous habit, which is frequently seen in enlarged glands of the neck,

and other evidence of morbid action. Tonics and alteratives should be given, with a nutritious diet, in case the little patient evinces signs of general debility. Of these, quinine and iodide of iron are the best. The cautery was applied to the hip-joint, to be followed by water-dressing and poultices, and absolute rest enjoined, accompanied with the above constitutional treatment. In six or eight days, the eschar will slough off, leaving a large sore, furnishing a free discharge, which should be maintained for many months.

Scrofula.—This patient, a girl two years old, carries upon her countenance the characteristic marks of the disease. It is strumous or tuberculous. The case cannot be mistaken, for the child is completely saturated with it. Its general appearance indicates a strumous habit, fair skin, blue eyes, light hair, tumid belly, and small, shrunken legs; besides, there is great enlargement of the glands of the neck. The patient cannot endure a strong light; she has photophobia, light-madness, or intolerance of light. This is owing to a morbid sensibility of the retina. In the reign of Queen Anne, this disease, called King's Evil, was supposed to be cured by the royal touch, and many availed themselves of this means as a remedy, but it fell into disuse in the time of Cromwell.

Treatment.—Dr. Gross ordered in this case,

℞. Pil. hydrarg. gr. iiss
Sodæ bicarb. gr. ij
Tr. opii. gtt. iij

To be taken every other night; nutritious diet; wash the body daily with soap and warm water, and rub dry. Take the child out every fine day, but keep her at home in damp weather; dress warm with flannel, changed two or three times a week. With the above, combine a tonic, alterative, and soothing course.

℞. Quin. sulph. gr. ¾.
Ferri iodidi, gr. 1-12th.
Morph. sulph. gr. 1-30th.

The iodide of iron will act as an alterative, the quinine as a tonic, and the morphia as a calmer of the nervous irritability with which these patients generally suffer.

Scirrhus of the Right Mammary Gland.—This patient, a woman forty-four years of age, the mother of two children, was brought before the class to have the breast removed. The entire mammary gland was diseased, having become a hard, shriveled mass. There was no enlargement of the vessels, and no evident adhesion to the pectoral muscle. The nipple was somewhat retracted, and the skin here and there the seat of herpetic disease.

Dr. Gross removed the tumor, carefully dissecting it from the surrounding tissues, laying bare the pectoral muscle, remarking that great care should be taken to remove every particle of the scirrhus. Silver wire sutures were used, with adhesive plaster, and the arm fastened to the side to prevent the action of the muscles on that side tearing out the sutures. Dr. Gross passed the tumor around the class, requesting them to examine it, that they might never forget the peculiar appearance of this kind of carcinoma. It was of a hard cartilaginous consistence, the cut surface presenting a peculiar semi-transparent glossiness, of a bluish white color.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D.)

WEDNESDAY EVENING, MARCH 14.

DR. REMINGTON (President) in the chair.

Subject for Discussion—DIPHTHERIA.

Dr. HENRY HARTSHORNE opened the discussion with the following remarks:

As the subject chosen for this evening has never before been discussed at a meeting of this society, it may be well for us to review it, in the first place, in a somewhat systematic and elementary manner; especially as, to some of the members, as with myself, it may have been a subject of comparatively recent study.

The name diphtheria (from διφθέρα, a prepared skin or hide) is well understood to be a modification (sanctioned, though not suggested, by Dr. Farr, the English Registrar General) of *diphtheritis*, which was introduced first by Bretonneau, of Tours, in 1826. Other appellations, by which the same affection has been, at different times and places, recognized, are, ulcus Egyptiacum, angina maligna, angina pellicularis, angine couenneuse, garotillo, putrid sore throat, pseudo-membranous pharyngitis, &c.

Very little allusion was made to this disease in medical works or journals, especially in America, within the twenty years preceding the last four or five. Some may have even supposed that a term, so much in use at present, so rarely before, indicates the advent of a new disease. But a little inquiry shows that this is far from being the case. Without leaving my own study, and devoting a very short time to its bibliography, I find that quite a list of prominent authors may be quoted, who have described *pseudo-membranous inflammation of the fauces and pharyna, with or without laryngeal extension;* and this is the definition of diphtheria.

The earliest of these authors was Aretœus, of Cappadocia; probably a cotemporary of the Empe-

ror Vespasian; who describes, as an Egyptian and Syrian endemic, an ulcerative affection of the tonsils, in which they were coverd with a *white*, *livid*, or *black crust;* and in which death mostly took place by asphyxia, preceded by loss of voice. The only other ancient writers who appear to have distinctly alluded to it, are Macrobius and Cœlius Aurelianus. In more modern Italy, Carnevale, at Naples, in 1620, and Ghisi, of Cremona, in 1740, gave account of its epidemic prevalence; the latter being the first to discern the pseudo-membranous nature of the deposit peculiar to the disease. In Spain, amongst others, Tamayo, of Madrid, described it, in 1622, giving it the name of *garotillo*. In France, it was discussed by Chomel, in 1749; by Guersent, in 1821; and by Bretonneau, in 1826—the name of the latter having been, since that time, especially identified with it. The earliest English writers, who are quoted as alluding to it, are Huxham, in 1757; Fothergill, about the same period; and Cheyne, who distinguished it from croup, 1801. To these we may add Rosen, in Sweden, 1761; Albers and others, in Germany, 1816; and, in this country, Samuel Bard, of New York, 1771; and Stephen Brown, 1828—early writers upon the disease. It would be easy to make a still longer list of more recent medical authors who have dealt with it; the principal ones are, Roche, Valleix, Grisolle, Rilliet and Barthez, Trousseau, Isambert, Bouchut, Empis and Becquerel, in France; Friedereich, Rokitansky and Virchow, in Germany; Watson, Wade, Harley, Laycock, Rogers, Simon, Bristowe, Hart and Sanderson, in England. In this country, the malady has been a less frequent visitant. I have made no attempt to ascertain what place it has had in our recent medical literature; but mention must be made of the paper of Dr. Geddings, of Charleston, S. C., (American Journal of Medical Sciences, vol. 24, p. 82,) and of the account given by Dr. Fourgeaud, of Sacramento, of a severe epidemic of diphtheria in California, in 1856–7. Drs. Wood, Condie, and J. F. Meigs, of this city, in their respective treatises, give a good account of the disease.

The principal epidemics of diphtheria have been as follows: In Rome, (described by Macrobius,) A. D. 380; in Holland, 1337; at Paris, 1376; Naples, 1618–19; in Spain, 1620–22; in Sweden, 1761; in France, in 1810—having, for one of its victims, the first-born of Hortense, the queen of Louis Buonaparte. In America, its earliest prevalence was in New York, in 1771. It has been, since 1818, often localized in France, Spain, and Germany, and occasionally in England. The most important late epidemics of it, have been those of Paris and of Boulogne, in 1855–7; and its migratory invasion of England, passing from the south-east to the north-west, from 1857 down to the present time. In this country, a few cases only attracted attention in 1857–8. During the past and present year, however, the number attacked by it, and its mortality, have undoubtedly increased much. We have direct accounts of its having prevailed extensively in New York, Albany, Newark, Lynchburg, Waynesburg, Iowa city, and many other places; the above being named, as instances, merely because immediate evidence in regard to them was at hand. In this city there has been a considerable number of cases during the past season, although it cannot be called an extensive epidemic.

Bretonneau considered the death of General Washington, and that of the Empress Josephine, to have have occurred from the croupal form of diphtheria. If we add to these that of the beautiful Stéphanie, Queen of Portugal, in 1859, and, in 1855, at Paris, of the distinguished physician, Valleix, few diseases can claim a more illustrious list of victims.

Symptoms. The *premonitory* symptoms of diphtheria are much the same in its different forms, only varying in degrees and duration. They are, languor, malaise, anorexia, *swelling of the lymphatic glands behind the jaw*, and slight sore throat.

For convenience of description, we may classify the cases, as they occur, into those of *simple*, *croupous*, *ulcerative*, and *malignant* diphtheria. All of these forms are more frequent and fatal in children than in adults.

The simple variety is at once the mildest and the most common in all the epidemics recorded. Its symptoms, described *in brief*, are, fever, headache, furred tongue, constipation, dysphagia, with swollen and red or purple tonsils, palate, and fauces; upon one, or sometimes both, of the tonsils, often as early as the second or third day of the attack, a white, or yellowish-white, pseudo-membranous deposit being seen. This deposit softens and falls off spontaneously in a few days; or it may be removed by local appliances—sometimes forming again. Its removal leaves no ulceration or abrasion of surface behind it. The duration of the whole attack is, usually, from five to nine days, and the prognosis is favorable.

The *croupous* form of diphtheria it is, that has caused the greatest number of deaths in England, and probably in this country and elsewhere. It is *especially* frequent in children—most of all after measles or scarlatina.

Following, when idiopathic, the same prodromata as those observed in the simple variety, although sometimes more violent from the beginning, a severe dysphagia comes on, with an abundant yellow, or brownish yellow, leathery exudation over the tonsils and fauces; the tissue of which, under or around the deposit, is reddened and swollen. The extension of the disease to the larynx, (which may

often take place quite early,) is marked by the usual symptoms of croup, in the *cough*, *voice*, and *breathing*, which need no description here. A fatal result takes place in very many cases, in from two to five or six days, by asphyxia; although it is not impossible for recovery to occur by the expulsion of the membrane.

The *ulcerative* form is the one which (when destructive ulceration of the palate and tonsils has occurred, with dark-colored and pulpy exudation, and some extravasation of blood, perhaps actual hemorrhage) has sometimes been mistaken for gangrene, and may have thus given rise to some of the familiar descriptions of gangrenous or putrid sore throat. At the same time, the occasional occurrence of true gangrene cannot be denied. M. Becquerel has given an account of an epidemic at the "Hôpital des Enfans Malades," in Paris, in 1841, in which many such cases occurred. The term *septic* diphtheria is applied by some writers to this type of the disease. The ulcerative is, perhaps, less fatal than the croupous variety; but it may, undoubtedly, often destroy life, or, failing in this, may leave the structure of the palate considerably impaired. Huxham described, in 1757, an epidemic of "ulcerous sore throat," occurring in Cornwall; and, curiously enough, several of the towns in Cornwall have recently been the seat of a similar ulcerative epidemic, described by Dr. Burdon Sanderson in an essay on diphtheria.[1]

The *malignant* type is attended, at its commencement, by extreme headache; sometimes by vomiting, which is uncommon in the milder varieties; and by hemorrhage from the nose, mouth, rectum, &c. Great dysphagia occurs, and enormous engorement of the submaxillary, parotid, and cervical glands. The tonsils, pharynx, and palate, are covered thickly with a yellow or brownish leathery deposit, soon becoming of an offensive odor. The tonsils may suppurate, or even slough. The nostrils are sometimes also involved. Extreme adynamia comes on at an early period, with a very rapid pulse, livid pallor of the face, and, at first, morbid heat, followed by clammy coldness of the skin; and *coma* often precedes death.

Such cases may terminate fatally in three, four or five days; occasionally in one or two; sometimes, by the potency of the constitutional impression, before the local affection had become fully developed.

Besides the symptoms which have been thus briefly enumerated, *albuminuria* is generally present in severe, and often in mild cases of either form of diphtheria. This was first pointed out by Mr. Wade, of Birmingham, England. It occurs early in the attack; is not, as has been shown by Dr. Burdon Sanderson, attended by any deficiency in the excretion of urea; and is, therefore, no indication of the dependence of the comatose symptoms, which sometimes occur, upon the state of the kidneys.

One more variety of diphtheria must be mentioned, which is less common than either of those which have just been described. It is the *cutaneous*—*i. e.* pseudo-membranous inflammation of one or more parts of the integument, connected especially with wounds, &c. This has been observed repeatedly in France, having been described by Trousseau in 1830, and again by Robin in 1847.

The *sequelæ* of diphtheria have been especially studied by Drs. Faure, Maingault, Bouillon-Lagrange, Gull, and Kingsford. They are, great and long-continued debility, loathing of food, paralysis of the soft palate, and general paralysis. In the latter, vision, deglutition, and articulation, as well as locomotion, may be involved. Death sometimes follows in a few weeks, but, in a number of instances, recovery has occurred after from two to eight months.

Morbid Anatomy.—The pellicular or pseudo membranous concretion, formed upon a highly injected and tumified surface, constitutes the anatomical peculiarity of the disease. I exhibit here a specimen of this pellicle, obtained through the kindness of Dr. J. L. Ludlow. It was taken from the tonsil of a child, a patient of Dr. Ludlow's, last night.

This pseudo-membrane has been shown to be a *coagulation* of fibrin. A remarkable observation of M. Empis, of Paris, proved its independence, after exudation, of the tissue upon which it is thrown out; viz., that it concreted repeatedly and distinctly within a tube left in the larynx after tracheotomy.

Examined minutely, the pellicle, or membrane, is found to vary from one-twentieth to one-eighth of an inch or even more, in thickness, and to be fibro-laminated—*i. e.*, consisting of layers of net-work, sometimes including epithelial cells, and exhibiting, on its free surface, exudation-corpuscles, or pyoid globules, and granules; which forms appear to be only stages of degeneration. No process of development or organization occurs in the mass; it is *aplastic*. In some cases only a granular superficial infiltration of the epithelium is observed.

The ordinary deposit of diphtheria differs from the membrane of sporadic or idiopathic croup, and still more from the coagulable lymph of inflamed serous surfaces, in being thicker, more tough, yellower, and less capable of organization. Dr. B. Sanderson, however, found evidence of development of the exudation in one or two specimens of the simple type of diphtheria. Bretonneau, and afterwards Dr. Sanderson, *imitated* the diphtheritic exudation, by injecting an oleaginous preparation of cantharides into the throats of animals. The only observable difference between the two exudations

[1] Brit. and For. Medico-Chirurgical Review, January, 1860.

was, the absence, in the diphtheritic, of a tendency to organization, which was evident in the cantharidal pseudo membrane.

There would appear to be, in some of the cases of diphtheria, especially in those described by the German writers, an infiltration of the tissue of the mucous membrane itself, while, in other instances, a corrosive property seems to belong to the exudation, causing a loss of substance in the parts on which it rests. This is especially dwelt upon by Rokitansky.

The intensity of the inflammatory process would hardly seem, alone, capable of accounting for the characters of the diphtheritic exudation. It is more probable that they are owing to a modification of the blastema, dependent upon the general state of the blood; a view suggestive of the phrase used in the first edition of Rokitansky's great work—"fibrinous crasis." The second and third varieties of "croupous exudation (β and γ)" of that work, correspond very nearly with the descriptions of the diphtheritic deposit given by various observers. In one particular, however, a difference is notable; the German pathologist mentions, as one character of all croupous exudations, "the often slight vascularity of the diseased texture." In diphtheria the tissue of the fauces, tonsils and pharynx is always highly vascular.

The comparative history of these exudations obliges us to recognize in them an exception to the general statement of Paget, that the larger the proportion of fibrin in a specimen of inflammatory lymph, and the fewer its corpuscles, the greater the probability of its organization, and of course the less of its degeneration. The diphtheritic exudation is especially fibrinous, and characteristically prone to degeneration. We are led thus to lean more to the view of Rokitansky, which dwells with greater emphasis upon the *quality*[1] of the fibrin itself, as dependent on the state of the blood; and to bear in mind the importance of the circumstances which determine, in the corpuscles of lymph, whether they shall undergo development or degenerative change.

In regard to the *pathology* of diphtheria (as names are arbitrary, while things persist), we must ask, first, whether we are agreed to include under the term *all* affections in which a more or less tenacious concretion is observed in the mouth or throat, such as croup, aphthous inflammation, and thrush, or muguet; or whether we shall reserve the name diphtheria only for a certain special disorder, usually epidemic or endemic, and differing, pathologically and clinically, from either of the diseases to which the above names are commonly applied? Notwithstanding the confusion which has existed, in the works especially of the early French writers, upon the subject, I believe the time has fully come for adopting the latter of these alternatives. I consider diphtheria to be a special *toxæmia*, or *dyscrasia*, with a peculiar inflammation as its local manifestation; having analogy, in this respect, to erysipelas, puerperal fever, the exanthemata, etc.; and illustrating the proposition, common to many writers, but very well expressed by Paget, that "each morbid condition of the blood is prone both to produce an inflammation in a certain part, and to give to that inflammation a certain form or character."

Basing our methods of *diagnosis* upon the same principles, we must hold that diphtheria is to be distinguished from scarlatina, from croup, from thrush, and from aphthous inflammation of the fauces and throat.

Much debate has occurred in regard to its identity or non identity with scarlet fever. Without going into an argument, it may suffice to quote the testimony of a late writer in the British and Foreign Medico-Chirurgical Review, that, notwithstanding the fact that the two diseases are often associated in a remarkable manner, "*abundant evidence has now been collected in England, that scarlatina is as distinct from diphtheria as from measles or small-pox*." Diphtheria has prevailed where scarlatina has not been known for years, and mild epidemics of the one have occurred in coincidence with fatal epidemics of the other. In their symptoms, moreover, there is a clear distinction; in the *eruption* of scarlatina, and in the peculiar punctated or brick-dust-like flush of the throat and fauces, and strawberry tongue of that disease. The fact that, instead of *preventing* it, an attack of scarlet fever, as well as of measles, *predisposes* to diphtheria, is established and important.

From idiopathic inflammatory croup, as described by most writers since Home and Cheyne, *i. e.* pseudo-membranous laryngo tracheitis, we distinguish diphtheria by the following traits:

Inflammatory *croup* is a sporadic and sthenic phlegmasia; in which the constitutional symptoms are dependent, as much as in any inflammation, upon the local affection. *Diphtheria* is a constitutional disease, usually epidemic or endemic, in which the local symptoms are secondary to the general disorder.

More directly, in practice, we mark the difference between the two, in the commencement of the pseudo-membranous inflammation in the region of the tonsils and pharynx in diphtheria, instead of the trachea or larynx as in croup; and in the fact that, generally, when it invades the air-passages, the exudation does not, in diphtheria, extend to the trachea, but is confined to the larynx. At the same

[1] This is it is true, alluded to by Paget, but *parenthetically* only.

time, the symptoms resulting from such an extension are exactly those for which the designation croupal or croupous has been found the most convenient.

Vogel asserted that the *oidium albicans* of muguet was to be found in the pellicle of diphtheria; but Drs. Laycock, Harley, Rogers and others have shown that the occurrence of this parasite or of the *leptothrix buccalis* is, in diphtheria, merely accidental and far from general. Diphtheria may, moreover, be distinguished from thrush by the commencement of the latter in the mouth; by the patches of exudation in diphtheria being much larger and thicker; and by the greater severity, usually, of the constitutional symptoms attending the diphtheritic attack. Thrush is, also, much less common in adults than diphtheria; and is not epidemic.

Roche, and even Bretonneau, have evidently confounded aphthous inflammation with diphtheria. The former of these writers states that the peculiar exudation of diphtheritis (angine couenneuse) is always at first *vesicular*. By universal consent, at present, this character, with the smallness of the resulting ulcerations, and their occurrence chiefly in the mouth, and in very young children, suffices to separate aphthae from diphtheria.

Mode of propagation. The leading facts in the etiological history of diphtheria are, that it is usually *epidemic*, and that its visitations are remarkably *limited;* "acting with intensity in confined centres;" as, a small village, a crowded school, a numerous family; often inflicting therein a terrible loss; as a sort of *domestic pestilence.*

Is diphtheria contagious? Guersent, Bretonneau, Valleix, Trousseau, Rilliet and Barthez, Bard and others, have endeavored to prove that it is so. The facts they appeal to are such as these: two physicians, MM. Herpin and Gendron, were attacked by the disease, immediately after receiving on their faces a portion of diphtheritic matter coughed up by their patients. A soldier at Avignon, using the teaspoon of a diphtheritic patient, had buccal diphtheria. A boy in one of the French Hospitals, treading, barefoot, upon the sputa of a patient suffering with the disease, had pseudo-membranous inflammation of the foot. On the other hand, Trousseau failed entirely in the attempt to innoculate himself and some of his pupils with the pseudo-membranous matter; and Harley's experiments with animals were equally without result. The apparently self-determining manner of migration of the disease, moreover, presents difficulties, analogous to those connected with the history of cholera, in the way of the theory of personal transmission. So that even those who insist most strongly upon its contagiousness, are obliged to admit that its movements and invasions are by no means dependent upon such conveyance from individual to individual. It presents, in fact, a problem of great complication to the epidemiologist. The summary statement of Mr. Earnest Hart, of London, in a treatise to which I have been indebted for much information, is remarkably graphic upon the subject of its migrations.

"It visited," says he, "the open hamlets of the rural districts, and the crowded courts of the great cities. It reached the sea-side, and fell with violence upon the infant population of Boulogne. It raged alike under the intense heat of summer, and during the cold winter months. Its ravages affected equally the inhabitants of marshy, ill-drained land, and those of dry and elevated situations. Brighton has not escaped; Scarborough has suffered. It has swept across the marshy lowlands of Essex and the bleak moors of Yorkshire. It has traversed the flowery lanes of Devon, and the wild flats of Cornwall, that are swept by the sea breeze. It has seated itself upon the banks of the Thames, scaled the romantic heights of North Wales, and has descended into the Cornish mines." The only cosmic influences which appear to exhibit any promotive agency in its development, are excessive alternations of temperature, and of the barometric state of the atmosphere.

Like other zymotic diseases, it attacks with greatest malignancy those places in which public, and especially domestic hygiene are neglected or imperfect. The poor are, therefore, the greatest sufferers. But it is by no means restricted to them, or to their dwellings. The effeminating influences of luxury and indolence invite it also to the homes of the affluent; where debility of constitution appears to supply the place of a foul atmosphere as a predisposing cause.

The question which especially remains for solution is, whether there exists for diphtheria a special morbific poison, (as in the case of small-pox, autumnal fever, yellow fever, &c.,) the introduction of which into the body is necessary to the production of the disease; or, whether a *combination* of conditional causes (*circumfusa*), material and dynamic, induces it, without any such direct toxœmia, but rather as a *dyscrasia*, or diathetic affection. Having no time to dwell on this inquiry, I would merely suggest, that, in the whole range of nosology, the the nearest analogy to diphtheria appears to be presented by *erysipelas;* in the relations of which, in origin, at once to the state of the atmosphere, and to the state of the surface (and system at large,) of the patient affected, we see much that is instructive, and deserving of careful consideration. It is probable that the infection of these two diseases may be found to have a similar rationale and to be subject to the same laws of developement and prevention.

I pass, lastly, to the subject of *treatment:* in regard to which, my experience with diphtheria has not been sufficient to enable me to speak with the confidence of familiarity; as I have seen, so far, only four typical cases of the disease. I may state, however, what have been, and are, the remedies relied upon by those who have dealt most largely with it.

Watson, West, Wood, Condie and J. F. Meigs, with others, especially of the earlier writers, assert their confidence ia the use of mercury, with local applications. Some of the above, and other writers, commence the treatment with an emetic; and use antimony afterwards in small or moderate doses. Bleeding from the arm, in selected cases, has been recommended by a few; leeching at the commencement, of comparatively *sthenic* cases, is advocated, and I believe with good reason, by a number of practitioners. Saline purgatives, in the early stages, are also generally approved.

But the treatment upon which the physicians of France and England have now most generally agreed, consists in the use, internally, in all forms of diphtheria, of the chlorate of potassa, and tincture of chloride of iron; and the equally important employment of strong solutions of nitrate of silver, (gr. xxx in f℥i,) or hydrochloric acid, (equal parts with honey,) or chloride of soda, (f℥i of Labarraque's liquid to f℥iv of water,) freely and repeatedly applied to the throat: with the additional use of emetics in the croupal variety, and of stimulants in the most malignant type. In the presence of high fever, in the early stage, I have thought the administration of veratrum viride, or of citrate of potassa, as a sedative diphoretic, to assist in relieving the patient, without interfering at all with the (supposed) anti-diphtheritic action of the chlorate of potassa.

In conversation, to-day, with Dr. J. L. Ludlow, it was suggested by him, that, in view of the presence of *chlorine* in most of the remedies employed in diphtheria, the use of that substance by *inhalation*, much diluted, of course, with air, might prove serviceable. He has not, however, as yet made trial of it.

In conclusion, I think it may be stated, with propriety, that the great questions still left entirely open, upon this important subject, are as follows:

Is diphtheria personally contagious, or not?

What is the exact nature of its cause or causative influences?

By what precautions may its local prevalence be prevented or mitigated?

Lastly; what is the *very best* treatment for it, local and general, in its different types and stages?

(*Discussion on the above in our next.*)

EDITORIAL DEPARTMENT.

Periscope.

Translated from the German, by O. D. PALMER, M.D., Zelienople, Pa.

The Etiology of Insanity.—Reports of the College of Physicians of Vienna, Reviewed by Dr. A. E. Fletcher.—From the report of the Royal Imperial Insane Asylum of Vienna, we learn that the institution contains from 700 to 800 patients, with a monthly accession of 60 to 77 new cases. The statistical data refer to sex, age, standing, and form of disease, without making any comparison with former reports. The most prominent exciting causes of disease in these insane, correspond with those of previous years, namely, excesses *in Baccho et venere*, masturbation, etc., among the men; excessive sexual desire, derangements of menstruation, the climacteric period, among the women. In both sexes many of the cases were caused by exciting and depressing mental affections. Tuberculosis, affections of the heart, diseases of the blood-vessels, constantly assert their particular influence; also, the diseases of the brain, that have changed from acute to chronic affections of that organ. There were found in the post mortem examinations, (in imbeciles,) particularly when the patients had been a long time diseased, cerebral atrophy, hydrocephalus, softening of the brain, the sequelia of former apoplexies, cancer cysts, adhesions, and osteophytes—yet there still remains a field for etiological research, as these same pathological conditions are found in other mental diseases. Perhaps careful and continued scrutiny, with the assistance of the microscope, may yet furnish more light to these cases. The character of the exaltations seems to be uniform in the two sexes, being in some months more pronounced with the men, whilst the women were affected, perhaps, with depression; in other months the reverse of this was the case. It is evident, therefore, that these mental conditions were not the result of atmospheric influence, as this would affect both sexes alike. The cause must be looked for, perhaps, in the genius of the disease. In one inebriate imbecile there was found, together with a fatty, voluminous liver, and a chronic catarrh of the stomach and bowels, a thickening of the meninges of the brain, with œdema, softening of the walls of the ventricules, and septum. In another imbecile was found, ossification of the

sinus of the falx. In a third, the remains of apoplectic symptoms and adhesions; in a fourth, hydatids at the base, resting on the *lamina cribrosa;* in another simpleton, the sinus of the falci-form process was obliterated in the middle of the partition between the hemispheres; in one affected with paralytic imbecility, the substance of the brain was leathery, dry, and tough, in parts œnemic; in other idiotic subjects, atrophy, particularly of the anterior portions of the brain, was present, together with hydrocephalus. How dissimilar soever may appear the cases here assembled, particularly those affected with idiocy, each exerted its special influence over the functions of the brain.

In one case, where a lunatic had alternated between the greatest anxiety and the most torturing fear and terror, the dissection table exhibited a fatty degeneration of the whole substance of the heart. In a case where death was the result of typhus, as soon as the typhus mass commenced to be deposited into the alimentary canal, all symptoms of the mental affection vanished. In one case, the insanity supervened simultaneously with the disappearance of an eruption of shingles. This may have been accidental, or both affections may have had a common origin. After an ether-narcosis, six times repeated at short intervals, in one case, great irritability was produced; the patient gave herself up to masturbation, then to prostitution—finally, there was developed an insane excitement. In different cases, *atropin* was brought into use as a remedial means. In a case of exaltation, with fixed ideas, where were present considerable congestion, headache, vertigo, dilatation of the pupils, one-forty-eighth of a grain of atropin was administered every second day, and effected a cure. It likewise produced relief in the case of an epileptic, having, as a complication, an exaltation of ideas; and also in a third, where the epileptic received monthly attacks of mental alienation. In nine other cases of epilepsy, the atropin was administered without effect.

Night-blindness was frequently observed among the insane in the spring, especially in April. In other years, the same state of vision has been remarked.

One case of alienation of mind deserves a special notice. A man, aged fifty-six years, was attacked but a few days before his reception into the institution; and on the third day following, he died, with symptoms of paralysis of the brain. Autopsy showed this last to be affected with tuberculosis. This seems to prove that the sensorium may be a long time subjected to this process, without resulting in *psychosis*, until the physical or mental life is reacted upon by some accidental influence. The results of section in others exhibited the formation of masses, similar to those of cellular matter, and the conversion of the cerebral fibres and the ganglionic cells into complications of *colloid* and *amyloid* bodies.

From the observation of these cases in the institution, two groups of mental diseases were formed: those in which the alterations of the brain proceeded from the blood-vessels, and those in which these were not implicated; in both cases these alterations were generated in separate parts, or in the whole mass of the brain, and sometimes even the spinal marrow and cerebral nerves were also included.

This grouping was of much importance in furthering a knowledge of the local pathology and the functions of the brain. In the first division, the atheromatose process is the primary cause, and the altered nutrition of the brain the secondary; in the second division, the etiological action was not so certainly established, though it would appear that the alcoholic imbibation of the brain on the one side, and the irritability of both brain and spinal marrow, produced by sexual excesses, on the other side, and especially the combined action of the two evils, most frequently cause the sensorial manifestation—at least the morbid alterations are almost always generated in those cases in which the subjects have for a long time indulged to the greatest excess in the *feats of Bacchus and Venus*, and where this has afterwards caused an affection of the mind, it arrives to an outburst of insanity in its different and various forms.

——o——

Dr. Todd on Acute Disease.—In the last volume of his Clinical Lectures, Dr. Todd thus expresses his conclusions: "That the notion so long prevalent in the school, that acute disease can be prevented or cured by means which depress and reduce vital power, is fallacious. That disease is cured by natural processes, to promote which, in their full vigor, vital power must be upheld. Remedies, whether in the shape of drugs which exercise a special physiological influence on the system, or in whatever form, are useful only so far as they may excite, assist, or promote, these natural curative processes."

Mr. H. W. Porter, in a paper read by him at a late meeting of the Institute of Actuaries, entered into some curious considerations concerning the hereditary transmission of phthisis, supporting his statement by statistics from the Hospital for Consumption at Brompton. Some curious illustrations were adduced from the experience of breeders of animals. It was shown that there was abundant evidence to prove, that in the case of horses, mules, sheep, pigs, and fowls, the female retains traces of the influence of a prior impregnation, and transmits them to a second, third, and even fourth progeny. The well-known case was mentioned in which a quagga, in the possession of Lord Morton, was allowed to breed with a thorough-bred chestnut mare. The produce was a quagga having the stripes, and in many respects the characteristics of the male parent. The next season the same mare was allowed to breed with a black Arab horse, and the result was, to the astonishment of the owner, a foal bearing strongly the marks of the quagga, and this effect continued to be visible through three successive foals produced by horses. It was also shown, that a prior impregnation need not necessarily have resulted in the production of progeny, in order that evidences of it might be transmitted to a subsequent generation. Arguing from the analogy of animals, the author considered that the desirableness of marriage with a widow whose husband had died of phthisis or other hereditary disease, might perhaps be questioned, whether from the above consideration she had borne children to her first husband or not. Of course if she had, and phthisis had shown itself in them, the case would be stronger. The author was of opinion that it is possible in this way to account for some of those sad and inscrutable cases which we find happen occasionally, in which phthisis comes on suddenly and unexpectedly, without our being able to trace either hereditary tendency to disease, or to find any reason to account satisfactorily for the origin of the affliction. We need scarcely say that these views, however interesting they are, require much confirmation before they can be accepted as true.

Comparison of the Fatality of some of the Diseases of London now and in the Seventeenth Century.—The Medical *Times and Gazette* copies the following from the report of the Registrar General: The diseases were not always distinguished accurately; but by putting them in groups, any fallacy from this source will be obviated, and the decrease of some of the worst forms of mortal disease will be placed beyond doubt. To render the comparison easy, the number living is taken to be the same in the two periods, 100,000 in 1660 and 1679 and in 1859. The annual deaths by small-pox were 357 in the first period, 42 in the second period; by measles 40 and 47 in the two periods. Medical science was imperfect, and the science existing in that century was very imperfectly applied. Croup and scarlatina were not generally recognized, but were confounded with measles and fever. The mortality by fever, continued or remittant, and ague was at the rate of 749 and 59 in the two periods; or including scarlatina, quinsy, and croup, the mortality was 759 and 227. Thus a person was in four times as much danger of dying of these diseases at the Restoration as a person living in London now. Women are not yet entirely exempt from peril in childbearing; the mortality by that disease is now 17, it was then 86. Again a few (8) in 100,000 die now of dysentery; then out of the same number, 753 died annually of that disease. By diarrhœa, a milder form of disease, 11 died then, 120 die now; cholera was fatal in 1859 to 7, and in the 20 years (1660–79) to 130 annually. Syphilis was twice as fatal as it is, the numbers being 21 and 12. Scurvy and purpura bear testimony to the imperfect nutrition of the population; the annual deaths were then 142 and are now 2. Vegetables, fruit, and fresh meat, could with difficulty be procured in winter. Worms and all parasitic creatures that crawl over, bite, and prey on the body of man, were prevalent; 10 deaths were ascribed to worms. Dropsy, a result and sign of scurvy and fever, was exceedingly fatal; 298 died of that disease then, and 26 now. Apoplexy, paralysis, epilepsy, affections of the brain, and suicide, are more fatal now, according to the returns, than they were, in the proportion of 57 then to 151 now. Consumption and diseases of the breathing organs were uncommonly fatal; 1079 then and 611 now are the figures of the mortality. Diseases of the digestive organs were fatal then and now in the proportion of 146 and 95. Stone and diseases of the urinary organs are now as fatal as they were then; the deaths being 21 and 30. Children were rapidly cut down; of convulsions and teething 1175 died then, 136—too many—now.

Sudden Death while under the Influence of Chloroform.—The following is reported in the New Orleans *Med. News and Hospital Gazette*: An Irish laborer, aged thirty-two years, sustained a serious injury by falling into the hold of a ship; his pelvis was fractured, and examination being very painful, chloroform was administered; while under its influence the patient died. An autopsy showed perfectly healthy lungs, but all the cavities of the heart were full of uncoagulated venous blood; the valves were sound. On removing the calvarium, the dura mater was found much congested, and presented a dark spot over the right hemisphere. A large clot of coagulated blood was found between the dura mater and arachnoid. About three ounces of serum were collected at the base of the skull. None of the liquids or solids of the body presented any odor of chloroform. Some interesting and important remarks are made by Dr. Austin Flint of the N. O. School of Medicine, in reference to this case. It seems fair to attribute to the chloroform a certain amount of agency in the sudden death, although the appearances found at the autopsy would be regarded as sufficiently accounting for sudden death, had no anæsthetic been administered. It may reasonably be supposed that pathological conditions incident to the injury of the membranes of the brain were, in fact, the occasion of death, and that its occurrence, while chloroform was being administered, was simply a coincidence. It would be unfair to consider this case as one of those in which death is due exclusively to the effects of chloroform. These effects were fatal in conjunction with a considerable amount of meningeal extravasation, together with the general shock from the injury which the man had sustained.

The case, now reported, suggests an instance of death occurring under the influence of sulphuric ether in a man to whom it was administered in order to relieve a paroxysm of intense pain in the head. On examination after death, no disease was discovered to account for death, save a tumor in the cerebellum of considerable size. Did death occur from etherization or in consequence of the presence of this tumor, or did the existence of this tumor render the administration of ether peculiarly dangerous? There are cases cited of sudden death, in which the existence of cysts in the cerebellum was the only cause of death revealed by the scalpel, no anæsthetic agent having been administered. These cases suggest the idea that cysts in the cerebellum are probably a more common cause of sudden death than is generally supposed.

The experience of Prof. Dalton, and others, in the use of chloroform and ether, in experimental illustrations of physiology by vivisections, is not without importance in estimating the comparative safety of these two anæsthetic agents in medical and surgical practice. The risk attending the use of chloroform upon animals, given sufficiently to render vivisections painless, is a serious obstacle in the way of successful experimentation. On the other hand, sulphuric ether may be administered as freely as required, with comparatively small risk of destroying the animal.

A New Theory of Phthisis.—A book of four hundred pages has just been published in London, with the title of "*Consumption, its True Nature and Treatment, by Godwin Tims, M. D.*" The following paragraph gives the author's pathological views:

"The morbid condition which constitutes consumption, and which results in the deposit of tubercle, is an exaggerated activity of that part of nutrition called destructive assimilation, by which more atoms of nutrition are broken down, dissolved, and absorbed into the blood, than can be expelled by the excreting organs, until the blood has become so laden with the *débris*, or *debritus*, of the textures as to precipitate and deposit it in the form of tubercle in favorable locations."

The treatment deduced from this view is what the author calls "the combined treatment," with opiates, purgatives, animal oils, and emetics, aided and stimulated by change of air, etc. When the course of the disease appears too rapid to permit success by these means, some more active measures, such as bloodletting, must be ventured on.

He remarks that "venesecton must cease to be a bugbear in the treatment of phtisis, before success will attend the treatment of consumption."

The Inhumanity of French Surgery.—Not long since we reported a terrible operation by a French surgeon, for the removal of the entire tongue with the ecraseur, and during which no anæsthetic was administered. The Paris correspondent of the *Lancet* gives an account of an operation of equal severity, which, from its probably unjustifiable character, the helpless age of the sufferer, and the fact that his pangs were not attempted to be relieved by an

anæsthetic, is, we think, a disgrace to the surgery of the age.

"At the Hôpital St. Eugénie, I witnessed, last week, a resection of the right superior maxilla, by Mr. Margolin. The patient was a boy aged six years and a half, affected with fungus hematodes. Velpeau's method was employed, which consists in making the incisions from the angle of the mouth up to the malar bone. A chain saw was then introduced through the posterior nares, and the diseased bone sawn across below the inferior orbitar foramen; the other osseous attachments were resected by means of a small handsaw. The operation lasted twenty minutes. There was not much hemorrhage, but the poor child expired upon the operating table—I think, from the shock. He cried very much before, and struggled much during the operation. No anæsthetic was employed!"

This is the style of operation which the French report as "*successful*," and the result —"*died cured!*"

Illuminating Tubes. — The Academy of Medicine have now under consideration "The Artificial Illumination of the cavities of the Body by the aid of Luminous Tubes." It is the device of two Germans—"MM. Th. du Moneel et Ruhmkorff"—and consists of an electric light, which may, by means of tubes, be transmitted into the recesses of the mouth and throat, vagina or rectum. The practical application of it in the vaginal tube was exhibited last week in the service of M. Becquerel, at La Pitie, who was pleased with it, and expressed much satisfaction with the increased facility it affords in these examinations. M. Cl. Bernard is upon the commission having the matter in charge, and will probably soon report the result of their investigations to the Academy, when we shall have more light upon the subject.—*Atalanta Med. and Surg. Journal.*

M. Velpeau's Report on Coal-Tar as a Disinfectant.—The Academy of Sciences having appointed a committee composed of MM. Chevreul, Cloquet, and Velpeau, to consider the claims of MM. Corne and Demeaux's preparations of coal-tar and plaster as a disinfectant, an extensive series of comparative trials between it and other substances was instituted at La Charité, and M. Velpeau has recently presented to the Academy an elaborate report on the results. The general conclusions are—1. That coal-tar, mixed with plaster, disinfects putrefying organic matter. 2. In its therapeutical applications, it has only realized a portion of its promises. As a disinfectant in the autopsy-rooms, (upon this point, even in the hottest weather, M. Velpeau speaks in the strongest terms,) in the beds of dirty patients, and wherever there are infected matters, its properties are indubitable. The same may be said for putrid and gangrenous discharges, fetid suppurations, sanious wounds, ichorous caverns, and hospital gangrene; but, with respect to open wounds and ordinary ulcers, other topical applications are preferable. 3. Employed with charpie, linen, ointments, cerates, or taken internally, it has furnished no useful result. 4. As an absorbent, especially used as a cataplasm, it acts very indifferently. It must be remembered that abnormal liquids, especially pus, are very different compounds to water; and plaster, which exerts great absorbing power on the latter, may imbibe but very little pus. Still, whether in powder or cataplasms, the compound may render some service, even as an absorbent, in fetid or putrid suppurations. To secure the good effects of the coal-tar and plaster, certain precautions must be taken, the neglect of which may probably explain the entire inefficacy this mixture has exhibited in the hands of some experimenters. It is fine modeling plaster, and not common plaster, which should be employed; and the coal-tar, or carburetted oils, in the proportion of from two to four per cent., triturated with it, should impart to it a grayish color, while leaving its dry and pulverulent quality. Anatomical parts, to be disinfected, should be rolled in this powder, so as to bring it in contact with all parts at heir surfaces. Gangrenous or putrid sores, must be covered by thick layers, laid on in handfuls several times a day; and, in the case of blood, pus, dejections, etc., enough must be put on to form a kind of paste, replacing the layer of powder by a new one, when it no longer absorbs. Mixed with white oil into a thick state, it may be applied as a cataplasm.—*Med. Times.*

Determining the Shortening in Fracture of the Femur.—In a letter from Paris, in the *Atlanta Medical and Surgical Journal*, from Dr. Battey, is an account of a new method of measuring the length of the limb in fractures of the femur, which seems, we think, more mathematical than surgical. M. Dashetta

assumes, which for practical purposes is true, that a line drawn from the anterior superior spinous process of the ilium to the centre of the tuberosity of the ischium, will bisect the acetabulum, and this line he takes for the base of a triangle. The other two sides are determined by measuring the distance from the inner condyle of the femur—first, to the anterior superior spinous process, and then to the tuberosity. These measurements are made upon both limbs, and, by comparing the two triangles thus obtained upon established geometrical principles, he arrives at the absolute difference in the length of the limbs.

Ligation of the Femoral Artery for the Cure of Elephantiasis of the Leg.—Dr Ogier, of Charleston, reports the apparent cure of a case of elephantiasis by ligation of the femoral artery. At the time of reporting, three months after the operation, (too soon to report a *cure*,) "the leg and foot had subsided to nearly the natural size."

This operation was original with Dr. Carnochan, of New York, who reports four successful cases in one of the fasciculi of his "Contributions to Operative Surgery" We are aware that one of these reported cases was an entire failure, the patient having died in the wards of the Philadelphia Hospital nearly one year ago. While in that institution, his leg was the most enormous specimen of disease which we have seen.

Alcohol the Panacea.—The following passage from Dr. Todd's last volume of Clinical Lectures, shows how his mind was tending toward universal stimulation in the treatment of disease: "Alcohol may be administered in all those diseases in which a tendency to depression of the vital powers exists; and there is no acute disease in which the lowering tendency is not present."

Relief of Deformity of the Face from Paralysis—All of the muscles on the sound side, the contractions of which produced the deformity, were divided by a tenatome. The fore-finger was first introduced into the cheek of the contracted side; the muscles were then made tense, and the knife introduced from without inward toward the finger, dividing the muscles at fault, care being taken to avoid wounding the facial artery and its largest branches. In this manner, by two introductions of the knife, the levator labii superioris, the levator anguli oris, and the zygomatici major and minor were divided. A great improvement at once resulted; but some contractions still continuing after the operation, an interval of some weeks was allowed to elapse, when the depressor labii inferioris and depressor anguli oris, with some muscular fibres still acting abnormally, were divided.

Reviews and Book Notices.

Annual Address on the Events of the Year. Delivered by appointment, February 22, 1860, according to the by-laws of the Philadelphia County Medical Society. By Benjamin Hornor Coates. At the legal cessation of the Presidency for the succeeding year. Published by order of the Society.

The address is characteristic of the profundity of the lecturer in medical science and literature. Dr. Coates is so replete with learning of all kinds, that he seems unable to present one theme without being overwhelmed with collateral matters, which he is unable to keep out of his discourse. After having read such an essay as the above, the reader having been really much edified and instructed, is inclined to turn back to the title page to ascertain what most particularly has been the object of the lecturer to impress.

One of the "events" on which the mind of the late president is still morbidly sensitive, is the secession of a small fraction of the members of this still unwieldly large scientific and representative body, but which, judging from other "events of the year," does not seem to have interfered with its general efficiency; and regretted as such events as may be, the histories of most medical organizations show them to be very liable to dissensions and extreme mutations.

Dr. Coates has, in the following paragraph, made a very palpable hit at the reason why, in societies, so frequently "doctors disagree:"

"It is not, in the usual course of things, that a general body, representing the whole medical profession, can hold its meetings without sometimes incurring vehement, and occasionally stormy struggles. The life of physicians is a hard one. Their primary studies and habitual pursuits tend to the same exaltation of nervous sensibility which has so proverbially given to the poet, the painter, and other cultivators of the finer senses, the opprobrium of "irritabile genus." City practitioners are deprived of the tonicity engendered by habitual riding and mountain air. Trained by profession to philanthropy, they

are thrown upon worse than the hardships of trade. Insulated from the rest of mankind by the mode of spending their hours, educated differently, having, in large numbers, chosen their profession from the very motive of a fixed dislike to the ordinary modes of acquiring money, a dislike which frequently arises from an apprehension of moral meanness supposed to be mixed with them, hated for a superiority in real worth, which even their enemies and those of the community feel, they are the constant mark of small fraud and petty or even deeper malice from without. At the same time, within the profession, each practitioner is aware of the exertions and sacrifices which he has himself made, while he cannot, in reason, be supposed as well acquainted with those of another; and hence the result, so natural to man, of adding to his own claims and setting too light an estimate upon those of his competitor. How is it possible, in such a situation, to avoid the production of jealousy?"

An Epitome of Braithwaite's Retrospect of Practical Medicine and Surgery: in Five Parts, by WALTER S. WELLS, M.D. Published for the Author by C. T. Evans, New York.

These parts have followed rapidly after the appearance of the first. We have already expressed a favorable opinion of the object of the Epitome and of the general manner in which it has been accomplished. The work has been favorably received by the profession in this city, and a fair list of subscribers obtained.

It is of value simply as a full index to Braithwaite. A more extensive reference from it would have been gained, and its usefulness been much increased, if the authority to which the original abstract in Braithwaite refers were given It is remarkable that the name of the author of the article is also frequently omitted.

One of the objects of the compiler, "to enable the practicner to refer at once to the modern treatment of disease,' will not accomplish much real good. The volumes of Braithwaite are, in themselves, little more than an epitome, and these concentrated abstracts can say little more in regard to treatment than mention the disease and the remedy; and a treatment deduced from such reference is inclined to be empirical.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, APRIL 21, 1860.

THE HIGH RATE OF MORTALITY IN CHILDREN OF FOREIGN PARENTAGE.

City Registrars are not sufficiently attentive to the fact, that there is a wide difference between the mortality of children of Americans and Foreigners. In their reports, they should always make a distinction between the deaths of children of Natives and Foreigners. The result would show, that not only is our mortality very largely increased by the deaths of the foreign-born portion of our population, but by those of their offspring also, consequent on the degradation, filth, and poverty, that prevail to so large an extent among this class.

Dr. Snow, City Registrar of Providence, R. I., has often called attention to the importance of making this distinction in mortality reports, and the following extract from his report of the mortality of that city for the month of March, affords a very striking illustration of the difference between the death rates among the children of native and foreign-born parents:

"Of the whole number of deaths among children in March, 31 were of American and 49 of foreign parentage. Of the 31 persons of American parentage, 6 *only*, or 19.6 per cent. were under 5 years of age. Of the 49 persons of foreign parentage, 26, or 53 per cent. were under 5 years."

PUBLICATIONS OF THE AMERICAN MEDICAL ASSOCIATION.

The Transactions of the American Medical Association for 1859 do not form as bulky a volume as some of its predecessors, but it contains some important papers, which give it a special value. We would particularly designate the Report on the Epidemics of California, by Dr. Thomas M. Logan, of Sacramento, and the elaborate paper, to which was awarded the prize of the Association, on Some of the Physical, Chemical, Physiological, and Pathological Phenomena of Malarial Fever, by Dr. Joseph Jones, of Augusta, Geo., as giving evidence of great labor and research.

These annual volumes are sometimes made the receptacle of very indifferent matter. The time must come, however, when a change of policy in regard to the contents of the work will have to be adopted. Reports relating to the medical history of the country for the year should always be a feature of the work, and these reports should be as comprehensive as possible, and include all sections of the country. And then, there will always be other special reports which will necessarily form a part of the published proceedings. But monographs on special departments of medical science, which are called forth by the influence of the Association, might better be published under its sanction, in separate volumes, for the benefit of their authors. In this way, those disposed to labor in the cause of medical science could be encouraged to do so under the sanction of the profession of the country, as expressed through the Association. To obtain so respectable an endorsement, authors would, undoubtedly, labor to render their works as original and valuable as possible. Thus a medical literature would grow up under the fostering care of the Association of which we might be justly proud, while the profession would be protected against a worthless literature.

A likely correspondent likely to be accommodated.—We extract the following from a letter recently received: "I like your journal, and like the 'fair-play' style in which it is conducted. I like your editorials. They have the right ring of the right kind of metal, and I would like my name on your subscription book."

——o——

Antiquity of compressed Sponge.—Many of the uses to which compressed sponge has recently been applied were practiced during the last century. The following directions for preparing sponge for dilating sinuses is given in an old volume by John Jones, M. B., published in 1797:

"Dip it in water, wring it out, and then wind it about with paek thread as tight as possible; the sponge then to be cut off as wanted, letting the thread remain on the rest of it."

News and Miscellany.

Dr. Windship, of Boston, gave a lecture on Physical Culture on Friday evening, the 13th instant, and, after the lecture, presented some wonderful illustrations of what may be accomplished by systematic exercise in the acquirement of strength. He is believed to be the strongest man in the world, and there is no record of his feats ever having been exceeded. The muscular powers of such as Zopham, the Belgian giant, and others, were inferior to his, and their performances were far short of what is with ease accomplished by this gentleman. This is more remarkable from the fact, that, in appearance, he does not present any evidence of such remarkable physical abilities, being but twenty-six years old, five feet seven inches in height, weighing one hundred and fifty pounds, and exhibits apparently no more muscular development than is frequently possessed by ordinary gymnasts.

The address was of a popular character, and presented nothing novel. The nervousness and uneasiness of the lecturer, and his frequent complaints of inability to proceed, on account of want of fresh air in the room, while every one else seemed very comfortable, showed a singular want of endurance, which did not argue much in favor of "physical culture" in the manner practiced by him.

The illustrations were certainly fairly executed, without the deceptions which are often practiced at gymnastic exhibitions. He proceeded first to raise, with the hands alone, eleven hundred pounds in the form of ten kegs of nails, which, with the appurtenances for fastening them together and grasping, weighed that amount. This seemed to be to him no very extraordinary effort, and he stated that he has frequently lifted in the same manner twelve hundred and thirty pounds.

Although this enormous weight is stated to be raised by the hands, it is evidently effected by the action of the gluteal and other powerful muscles, which, when the body is bent forward, return it to the vertical line, while the hands and arms merely *suspend* the weight.

A barrel of flour, weighing two hundred and seventeen pounds, was handled by him and placed on his shoulder, and he remarked that he was practicing with this unhandy and weighty bulk by holding it on one hand.

He exercised freely with dumb-bells weighing each one hundred pounds, and raised per-

pendicularly, at arm's length, one dumb-bell weighing one hundred and eighty pounds.

The lecture was followed by some athletic performances by proficient gymnasts from the establishment of Messrs. Hillebrand and Lewis, at the corner of Ninth and Arch streets.

Dr. Windship is expected to return to this city soon, to give a lecture with similar illustrations.

A Medical Prize of two hundred and fifty dollars, as will be seen in the following letter, is offered by Dr. O'Reilly, of New York:

"To the medical students of the United States of America:

"I will give a premium of $250 for the essay, which shall be judged the best by competent judges, on the Anatomy and Physiology of the Animal and Organic Nervous Systems.

"The essays to be sent to me on or before the 1st of March, 1861.

"I will likewise give a second premium of $250 for the best essay on the same subject. The essays to be handed in on or before the 1st of March, 1862.

"The medical students who shall be declared the successful competitors, will be required to declare on their 'word and honor' that the essays are their own productions, and that they have not been assisted by any legally qualified medical men.

"JOHN O'REILLY, M. D.,
"230 Fourth street."

The regular Annual Meeting of the District Medical Society for the County of Cumberland was held at Bridgeton, N. J., on Tuesday, April, 10, 1860. The following officers were elected for the ensuing year: President, Dr. Ephm. Bateman, of Cedarville; Vice-President, Dr. Joseph Sheppard, of Bridgeton; Secretary, Dr. Wm. Elmer, of Bridgeton; Treasurer, Dr. N. R. Newkirk, of Bridgeton. Dr. E. E. Bateman, of Fairfield, and Dr. E. Fithian, of Greenwich, were chosen Delegates to the American Medical Association, to convene in New Haven in June next. Dr. Ephraim Bateman, of Cedarville, was appointed Reporter, from this county, to the New Jersey State Medical Society.

An Obelisk to the Memory of Sir James McGregor has been erected at Aberdeen within the walls of Marischal College.

We understand that it is in contemplation by the profession of this city, to pay our distinguished townsman, Dr. George B Wood, the compliment of a public dinner previous to his departure for Europe.

The New Hospital for the Paralytic and Epileptic was opened in London last month, under the following management: Dr. E. Brown Séquard, and Dr. J. S. Ramskill, Physicians; Wm. Ferguson, Esq., F. R. S, Consulting Surgeon; and J. Z. Lawrence, Esq., M. B. D., F. R. C. S., Surgeon.

Births and Deaths in Russia in 1857.—The following statistics, taken from Russian journals, we copy from the *Medical Times and Gazette:*

"Throughout the Russian empire there were born 2,993,101 children; 1,533,408 males, and 1,459,693 females; and the deaths amounted to 2,010,736, viz, 1,014,574 males, and 996,162 females. Of these, 1,003,662 children died prior to the age of 5 years; and between the ages of 5 and 10, there died 100,014—each sex contributing nearly equally its contingency in both categories. With respect to very aged persons, the following extraordinary figures are given in the official reports, and resemble those which have appeared in the former annual reports. Either some gross error must exist, or Russia is the country, *par excellence*, for longevity. Between 100 and 105 years, 255 persons (140 men and 115 women) died; between 105 and 110 years, 108 (68 men and 40 women); between 110 and 115 years, 38 (25 men and 13 women); between 115 and 120 years, 25 (13 men and 12 women); between 120 and 125 years, 8 (4 men and 4 women); between 125 and 130 years, 4 (2 men and 2 women); and between 135 and 140, 1 man."

During 1858, the births and deaths in St. Petersburgh were as follows: In St. Petersburgh there were born 17,685 (9,174 male, and 8,511 female) children, while there died 19,077 individuals. This is but the repetition of an annually recurring fact, that the deaths so considerably exceed the births; that the population of the capital is only kept up by immigration. The proportion of illegitimate children, too, is on the increase, and the number of marriages on the decrease.

In Moscow there occurred, in 1858, 11,267 (5,822 male, and 5,445 female) births, and 11,703 deaths.

The Poetry of Heating Cautery Irons.—A Parisian letter to a cotemporary medical journal, thus æsthetically describes this process: "On the left of the door as we enter the female wards, stands a charcoal furnace, glowing with its pent-up caloric of highest intensity, and supporting upon its hearth the handles of certain potential instruments, whose clubbed extremities nestled in the fiery bath of ignited carbon, imbibe to saturation the fervent heat!"

Dr. Marion Sims.—Dr. Westmoreland, of Georgia, writes thus of this eminent surgeon: "I regard him as one of the greatest men of the age, and one who has certainly done more for the advancement of the surgical art than any man of his day."

The new Obstetrical Society of London is attracting much attention in Europe. The discussions are conducted with great spirit, and are of the highest scientific interest. At the last meeting March 7th, acceptances of Fellowship from Professors Scanzoni, of Vienna, and Meigs of this city, were read.

Extensive Operations for the Cure of Neuralgia.—Dr. Carnochan, of New York, whose surgical feats are very apt to find their way into the newspapers, has lately had a case that taxed his utmost skill and ingenuity. The patient had, for more than ten years, been a martyr to the most excruciating facial neuralgic pain, had been a patient in the New York Hospital, and been subjected to every variety of medical and surgical treatment. No less than *fourteen* surgical operations were performed on his face, by different surgeons, one of them by the venerable Dr. Valentine Mott, and six of them by Dr. Carnochan. In his first operation Dr Carnochan laid open his face, trepanned the maxillare, separated the trunk of the second branch of the fifth pair from its connections as far as the posterior part of the antrum, and exsected about an inch of the nervous trunk This was followed by instant relief, and the patient was able to follow an active business for a year. At the expiration of this time, however, the pain returned, and the patient again sought Dr C., who performed five more operations on him The last, which promises to be successful, consisted of an exsection of the remaining stump of the trunk, close to the foramen rotundum, in immediate connection with the ganglion of Meckel, thus insulating that ganglion and its branches from the encephalon.

One hardly knows, in this case, which to admire most, the bravery and fortitude of the patient, or the boldness and confidence of the surgeon.

——o——

Answers to Correspondents.

Ayer's Ague Cure.—A correspondent in Georgia sends us a lithographed circular with which that pretentious quack, Ayer, is flooding the malarious districts of our country. We copy the circular, with comments upon it by our friend, Mr. J. M. Maisch, a chemist and pharmaceutist of this city.

"We make no secret remedies, but publish the composition of those we prepare, yet it is impracticable to give clearly the formula of our 'Ague Cure,' because its chief ingredient is a newly discovered substance not yet *named or known to the profession.*

"This substance is produced by destructive distillation of the bituminous bases, and bears the same atomic relation to quinine that grape does to cane sugar.

"It is found to be a more effectual febrifuge than quinine, without the deleterious properties that quinine sometimes exhibits.

"This semi salifiable product, combined with piperine in menstrua, is the compound we furnish as 'Ague Cure.'"

The circular in question is full of chemical nonsense, and evidently either written by one who has not learned or digested the first principles of organic chemistry, or simply designed for persons who do not mind being duped by any scientific? assertion, which is as incomprehensible as the medicinal activity of most of the so-called *popular* nostrums.

1. "*The bituminous bases.*" No such compounds are known in chemistry. Most likely, the artificial bases are meant here, which are formed on the destructive distillation of nitrogenized organic bodies. These volatile—for they have been distilled—bases are composed, without exception, of only three elements, C. H. N.; at ordinary temperature, they are all either gaseous or liquid, or when solid, fuse at a temperature considerably lower than the quartenary alkaloids.

2. "*Destructive distillation*" of these bases is impossible, on account of their ready volability.

3. "*The atomic relation of grape sugar to cane sugar*" is an excess of 3 H O; the former being C12, H12, O12 + 2 H O, the latter C12, H10, O10 + H O; and in accordance with the assertion of Ayer's circular, this new substance ought therefore to contain 3 H O more than quinine. Now, it is an established fact, that by destructive distillation organic bodies are decomposed into *more simple compounds*, into compounds more approaching to HO, NH3, CO2, the three links between organic and inorganic combinations. How it is possible that a ternary base will by destructive distillation (?) yield a semi-salifiable (!) product, which is a *quarternary* compound, and one of such high atomic weight as quinia, will go beyond the conception of any man who has an idea of chemistry. Morphia, narcotina, codeina quinia, cinchonia, strychnia, and in fact nearly all the quarternary alkaloids, yield *ternary alkaloids*, the SAME which are also obtained by destructive distillation of wood and coal. (See Parrish's P. Ph. 392, 4 a. b.)

The chemistry of this circular is sufficient, I should think, to put itdown as a humbug.

Dr. McK., Illinois—Enclose $3.40 to Lindsay & Blakiston of this city, and they will forward Hamilton on Fractures by mail, prepaid.

COMMUNICATIONS RECEIVED.—*Delaware*, Mr. Obed Bailey—*Georgia*, Dr. T. K. Humphries—*Illinois*, Dr. Charles White, Dr. P. Gregg. Dr. Wm. McKnight, Dr. E. F. Ellet—*Indiana*, Dr. L. D. Glazebrook, (with encl.)—*Iowa*. Dr. D. Beach, Jr, (with encl.,) Dr. J. M. Adler, Dr. I. Langer—*Kentucky*, Dr. Junius O'Brien,

(with encl.)—*Louisiana*, Dr. L. K. Branch, (with encl.)—*Massachusetts*, Dr. Harlin A. Pillsbury, Dr. Levi Pillsbury, (with encl.) Mr. C. N. Chapin—*Maryland*, Dr. T. N. Tayman—*Missouri*, Dr. J. L. Maxwell—*New York*, Dr. Ormiston, (with encl.) Dr. L. Elsberg. Dr. Chas G. Bacon, (with encl.) Dr. J. B. Hayes, H. A. Tilden, Dr. Harvey B. Wilbur, Dr. J. Henzzeler, (with encl.)—*Pennsylvania*. Dr. S. H. Sprogle, (with encl.) Dr. E. L. Melsheimer, (with encl.) Dr. T. M. Laney, (with encl.,) Dr. James McMullin for Dr. James H. Dick, (with encl.) Dr. Washington Burg, (with encl.) Dr. John H. Fager, (with encl.)—*South Carolina*, Dr. W. K. Fort, (with encl.)—*Wisconsin*, Dr. C. C. Cundall, (with encl.)

Office Payments.—Dr. P. S. Petway, (of N. C.,) Dr. John J. Wilson, (of S. C.,) Dr. A. R. Shaw, Dr. Evans, (of Maine,) Dr. James A. Draper, (of Del.,) Dr. J. P. Lewis.

—o—

MARRIAGES.

GIHON—CAMPFIELD.—At Savannah, on the 3d inst., by the Rev. George H. Clark, Dr. Albert L. Gihon, U. S. Navy, and Clara Montfort, eldest daughter of Charles H. Campfield, of Savannah.

DEATHS.

CLARK.—On the 5th inst., Mrs. Annabella T. Corson, wife of Isaac J. Clark, M. D., in the 25th year of her age.

TO PHYSICIANS.

WANTED, A PARTNER IN THE PROPRIETORSHIP OF an Institution, and a large Practice connected therewith. To a well-qualified Physician, who can furnish $3,000, this offers unusual pecuniary and professional advantages.

Applications to be addressed to

WILLIAM LEWIS, M. D.
Care of J. H. Rosenbaum,
Box 3,219, New York, P. O.

APOTHECARIES, DRUGGISTS, AND PHYSICIANS.

FOR SALE, AN EXCELLENT RETAIL CASH BUSINESS, twelve years established in a large and thriving town, seven miles from Philadelphia.

A respectable person, wishing fully to satisfy himself, may stay with the advertiser a week or two without charge for lodging. Apply to

BULLOCK & CRENSHAW,
Druggists, corner of Sixth and Arch streets.

DEMONSTRATIVE COURSE OF INSTRUCTION IN PHYSIOLOGY,

BY

J. J. WOODWARD, M. D.

Dr. WOODWARD will give a Demonstrative Course of Instruction in Physiology, during the Summer of 1860, beginning about the first of April.

The Lectures will be delivered twice weekly, at convenient hours, at his room, N. W. corner Ninth and Chestnut streets, and will be fully illustrated by

VIVISECTIONS AND EXPERIMENTS.

Fee for the Course.....$10

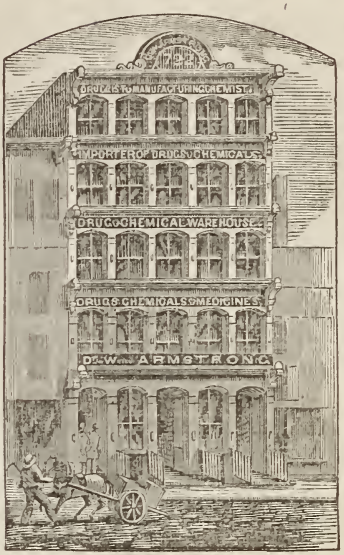
For Tickets, or further information, apply to

J. J. WOODWARD, M. D.,
N. E. corner of 10th and Vine streets.

Dr. WOODWARD is also prepared to receive a few pupils for practical instruction in the APPLICATION OF THE MICROSCOPE TO MEDICAL PURPOSES. For particulars inquire as above. 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.



Also a General Assortment of Concentrated Medicines, from the Laboratories of MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut.	2 to 5	1 50
Alnuin	Res. Rd. Neut.	2 to 10	75
Apocynin	Rd. Res. Neut.	½ to 3	2 00
Asclepin	Rd. Neut.	1 to 5	1 50
Baptisin	Res. Neut	1 to 8	1 00
Barosmin	Res. Neut.	1 to 3	2 00
Caulophylin	Rd. Neut.	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut.	2 to 5	1 25
Chimaphilin	Res. Rd. Neut.	2 to 5	1 00
Collinsonin	Res. Neut.	2 to 5	2 00
Colocynthin	Rd.	½ to 2	2 00
Cornin	Rd. Neut.	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut.	1 to 3	3 00
Cypripedin	Rd. Neut.	2 to 4	1 00
Digitalin	Rd. Alk. two Neut.	⅛ to ½	1 50
Dioscorein	Res. Neut. M. R.	2 to 5	1 50
Enonymin	Rd. Alk. Neut.	1 to 4	2 00
Enphorbin	Rd. Neut.	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk.	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk.	2 to 5	1 50
Fraserin	Res. Neut. and M. R.	2 to 10	1 00
Gelsemin	Rd. Alk. Neut.	¼ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd. Neut.	3 to 8	2 00
Hamamelin	Res. Neut.	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut.	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut.	⅛ to ½	2 50
Irisin	Res. Rd. Alk. Neut.	1 to 3	1 00
Jalapin	Res.	2 to 5	1 50
Juglandin	Rd. Neut.	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut.	2 to 5	60
Lupulin	Res. Rd. Neut.	1 to 4	75
Lycopin	Rd. Neut.	1 to 4	1 00
Macrotin	Rd. Alk. Neut.	½ to 2	60
Menispermin	Rd. Alk. Neut.	1 to 5	1 00
Myricin	Rd. and Tannin.	2 to 5	60
Phytolacin	Rd. Neut.	½ to 3	1 00
Podophyllin	Rd. Alk. Neut.	½ to 3	60
Populin	Rd. Neut.	2 to 5	50
Prunin	Rd. Neut. Amyg.	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to, and sent to all parts of the United States, by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Philada.

LABORATORY

—FOR—

PRACTICAL AND ANALYTICAL CHEMISTRY,

CHANT STREET, TENTH BELOW MARKET.

SPECIAL Instruction given in Practical Chemistry, Mineralogy and Geology. A well arranged Laboratory, Mineral and other Collections, and a large Library, offer superior advantages to the Student.

Careful Analysis made of Ores, Minerals, Guanos, Waters, Vegetable Substances, and Products of Art.

Opinions given on Chemical Questions.

JAMES C. BOOTH,
THOMAS H. GARRETT,
JOHN J. REESE. M. D.

—o—

PRACTICAL INSTRUCTION IN MEDICAL CHEMISTRY.

DR. REESE proposes forming a Class of Students and Graduates of Medicine, for PRACTICAL INSTRUCTION in MEDICAL CHEMISTRY, in connection with the above Laboratory.

The design will be to familiarize the pupil with the methods of analyzing the various solids and fluids of the Body, both healthy and diseased. To this end, he will be exercised, from the beginning, in PRACTICAL MANIPULATION with the different re-agents, under the immediate supervision of his preceptor—much in the same manner as Practical Anatomy is learned in the dissecting-room. The subject of TOXICOLOGY will receive special attention, both in the determination of Poisons (organic and inorganic) and the action of their antidotes. PHARMACEUTIC CHEMISTRY will also be studied, so far as it relates to the extraction of the active Medicinal Principles, and the chemical re-action of Medicines.

In connection with the above, DR. REESE will deliver a Course of Lectures on MEDICAL CHEMISTRY during the Spring and Summer months, *which will be free to those taking the Practical Course.*

Fee, (including materials, but exclusive of breakage,)..... $25 00
" for the Lectures..... 10 00

For further Information, Apply at the Laboratory.
Philadelphia, March, 1860. 179-3t

TRUSS

AND

BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES, (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

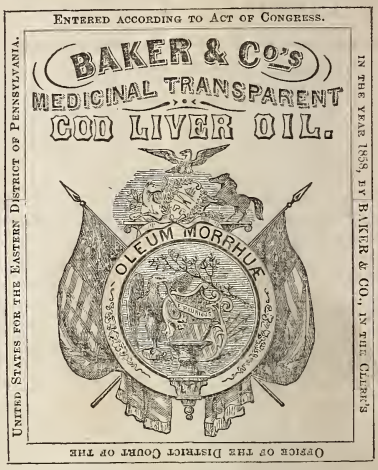
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with above, with flattering results. 175

The most Reliable, Efficacious, and Scientific Remedy for

CONSUMPTION, SCROFULA, CHARITY, &c.,


ENTERED ACCORDING TO ACT OF CONGRESS.
BAKER & Co.'s
MEDICINAL TRANSPARENT
COD LIVER OIL.
IN THE YEAR 1859, BY BAKER & CO., IN THE CLERK'S
OFFICE OF THE DISTRICT COURT OF THE
UNITED STATES FOR THE EASTERN DISTRICT OF PENNSYLVANIA.
OLEUM MORRHUÆ

which, from its long established and well-tested reputation for purity, freshness, uniformity of character, and superiority of its mode of preparation, from the most eminent of the medical profession throughout the country, the distinguished faculty of the oldest and best medical colleges, the University of Pennsylvania, and thousands of invalids—claims the patronage and confidence of all who desire the advantages of a superior and genuine article.

As the value of this remedy depends solely on its genuineness, invalids should be careful to take only that of undoubted reputation, as its qualification cannot be ascertained by observation.

For testimonials, see the pamphlets accompanying each bottle, and be sure to procure only "J. C. BAKER & CO.'S PHILADELPHIA COD LIVER OIL," which is to be had of all apothecaries, and from the proprietors.

BAKER & CO.,
175 154 North Third Street.

BOWER'S

CLARIFIED

MEDICATED FIGS.

This novel and attractive invention furnishes a most convenient mode of administering a mild cathartic medicine. The Fig is inlaid with pure ALEXANDRIA SENNA LEAVES, pulverized and deprived of the stem and all impurities, and combined with some of the finest and most grateful aromatics, and so minutely incorporated with the pulp of the fruit as to render the Senna almost imperceptible to taste.

These figs will be found of great service in HABITUAL CONSTIPATION, BILIOUS AFFECTIONS, and where an agreeable and gentle, yet efficient purgative is needed.

They are put up in handsome style, and sold to the trade at liberal rates.

Manufactured only by

GEO. C. BOWER, Druggist,

N. E. CORNER OF SIXTH AND VINE STS.,

PHILADELPHIA.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

J. M. MIGEOD,

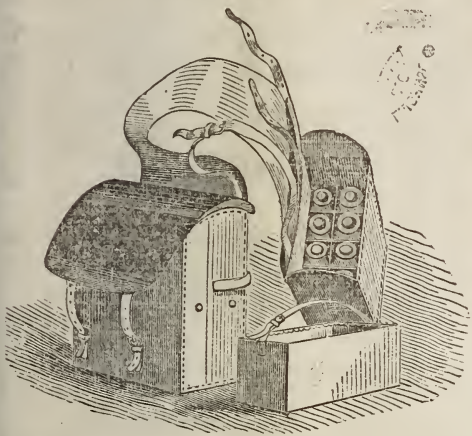
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50
No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50
No. 3, containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " 9 50
No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottles,
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" 4 4 Pots, " " $13 00

126 y

Palmer's

PATENT LEG & ARM.

STUDIO 1320 LATE 376 CHESTNUT St.

PHILADELPHIA.

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

ELECTRO-MAGNETIC

AND

MAGNETO-ELECTRIC MACHINES,

AND TELEGRAPH REGISTERS

Receiving Magnets, Keys and Zincs,

MANUFACTURED AND FOR SALE BY

W. C. & J. NEFF,

No. 3½ SOUTH SEVENTH STREET,

PHILADELPHIA.

HUSBAND'S

ISINGLASS ADHESIVE PLASTER.

THIS PLASTER has been found to be admirably adapted to strapping after surgical operations, and as a dressing to either incised or lacerated wounds. It is cleanly, of easy application, adheres firmly *without producing inflammation*, and being semi-transparent, allows of an examination of the parts without their having to be disturbed by its removal, until, in many instances, the cure is effected. This Plaster is not affected by age, and will bear exposure to any climate.

Professor MUTTER, in his late edition of Professor Liston's Lectures on Surgery, &c., remarks that "the Isinglass Plaster, referred to by Mr. Liston, is exceedingly well made by Mr. Husband, of this city; and for some time past I have almost abandoned the use of the old adhesive plaster of the shops, which often, in persons of a delicate skin, or children, produces troublesome irritation."

For sale by the Druggists, and by

T. J. HUSBAND,

173 N. W. Cor. Third and Spruce sts., Philada.

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS,

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPÆIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

Aloes, U. S. P.	$0 37½
Aloes et Assafœt: U. S. P.	37½
Aloes et Ferri	37½
Pulv: Aloes, Socot: ½ gr. " Zingib: Jam: 1 gr. Ferri Sulph: Exsic: 1 gr. Ext: Conii ½ gr.	
Aloes et Mastich: (See Pil: Stomachicæ)	37½
Aloes et Myrrhæ, U. S. P.	37½
Anderson's Scots:	37½
Pulv: Aloes Socot: " Sapon: Hispan: " Fruct: Colocynth: " Gambogiæ Oleum Anisi	
Anti-bilious (Vegetable)	37½
Pulv: Ext: Coloc: C: 2½ grs. Podophyllin ¼ gr.	
Assafœtidæ, U. S. P.	37½
Bismuth: Subnit: 3 grs.	37½
" Subcarb 3 grs.	37½
Calomel: 3 grs.	37½
" Comp: (Plummer's) 3 grs.	37½
Calomel Oxysulph Antimony Guaiacum Resin	
Calomel et Opii	37½
Calomel 2 grs. Opium 1 gr.	
Cathart: Comp: U. S. P.	37½
Cinchon: Sulph: 1½ grs.	50
Cook's, 3 grs.	37½
Pulv: Aloes Soc: 1 gr. " Rhei 1 gr. Calomel ½ gr. Sapo Hispan: ½ gr.	
Colocynthidis Comp: 3 grs.	37½
Ext: Coloc: Comp: U. S. P.	
Copaibæ, U. S. P. 3 grs.	37½
Copaibæ et Ext: Cubebæ	37½
Pil: Copaibæ, 3 grs, Ext: Cubebæ 1 gr.	
Copaibæ Comp:	37½
Pil: Copaib: Resin Guaiac: Ferri Cit: Ext: Cubeb:	
PIL: Fel Bovinum,	50
Inspisated Oxgall 2 gr. Powd: Jamaica Ginger, 1 gr.	
Ferri (Quevenne's) 1 gr.	37½
Ferri Carb: (Vallett's) U. S. P. 3 grs.	37½
Ferri Citrat: 2 grs.	37½
Ferri Comp: U. S. P.	37½
Ferri Iodid: 1 gr.	50
Ferri Lactat: 1 gr.	37½
Ferri et Strychniæ	62½
Strychniæ 1-60 gr. Ferrum per Hydrogen (Quevenne's) 2 gr.	
Ferri Valer: 1 gr.	75
Ferri et Quin: Cit: 1 gr.	50
Ferri et Strychniæ Cit: 1 gr.	37½
Strychnia Cit: 1-50 gr. Ferri Cit: 1 gr	
Galbani Comp: U. S. P.	37½
Hooper (Female Pills)	37½
Hydrargyri, U. S. P. 3 grs.	37½
Ipecac et Opii, 3½ grs.	37½
Pulv: Doveri, U. S. P.	
Opiii, U. S. P. 1 gr.	37½
Opii et Camphoræ	50
Pulv: Opii, 1 gr. Camphoræ, 2 grs.	
Opii et Plumbi Acet:	37½
Pulv: Opii, ½ gr. Plumbi Acct: 1½ grs.	
Quiniæ Sulph: 1 gr.	62½
Quiniæ Sulph: 2 grs.	1 00
Quiniæ Comp:	75
Quin: Sulph: 1 gr. Ferrum per Hydrogen (Quevenne's) 1 gr. Acid Arsenious 1-60 gr.	
Quiniæ et Ext: Belladon:	62½
Quiniæ Sulph: 1 gr. Ext: Belladon: ½ gr.	
Rhei, U. S. P.	37½
Rhei Comp: U. S. P.	37½
Scillæ Comp: U. S. P.	37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr.	37½
Pulv: Aloe Scott: Gum: Mastich: Flor: Rosæ	
Zinci Valerian: 1 gr.	75
GRANULES, Acid: Arsenious, 1-20 gr.	25
" " 1-50 gr.	25
Aconitia, 1-60 gr.	50
Atropia, 1-60 gr.	50
Corrosive Sublimate, 1-12 gr.	25
Digitalin, 1-60 gr.	50
Elaterium (Clutterbuck's) 1-10 gr.	38
Extract Belladonna, Eng: ¼ gr.	25
" Cannabis Indica, ¼ gr.	37½
" Hyoscyamus, Eng: ½ gr.	25
" Nux Vomica, ½ gr.	37½
Mercury Iodide, ¼ gr.	25
" Red, 1-16 gr.	25
Morphia Sulphate, 1-10 gr.	37½
" " 1-6 gr.	50
" Valerianate, ⅛ gr.	62½
Quinia Valerianate, ½ gr.	1 00
Silver Nitrate, ¼ gr.	37½
Strychnia, 1-20 gr.	37½
" 1-40 gr.	37½
Veratia Sulphate, 1-12 gr.	37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 180, 1y.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 184. } PHILADELPHIA, APRIL 28, 1860. { NEW SERIES VOL. IV. NO. 4.

ORIGINAL DEPARTMENT.

Communications.

Closing Address of Dr. Geo. B. Wood, to the Class of the Medical Department of the University of Pennsylvania, February 29th, 1860.

[The following is the substance of Dr. Wood's closing remarks to the medical class of the University of Pennsylvania, when retiring from his professorship in that institution. For the report we are indebted to Dr. J. Solis Cohen, of this city.—Eds.]

You have now heard, probably, the last lecture of the last course of lectures I shall ever deliver upon medical subjects.

You are aware that I propose resigning my position in this school. I announced my intention to do so, at a somewhat early period, in order that the authorities might have time to satisfy themselves in the choice of my successor.

Perhaps you may think it due from me to give some reasons for this course. In the first place, I will mention that I have now been lecturing for at least forty years, without a single intermission during that time, and frequently, for many years, both in the winter and the summer seasons.

Beginning as a private lecturer, I afterwards entered as a Professor the College of Pharmacy, where I continued for nearly fifteen years, and the remaining twenty-five years have occupied a position in this school.

This length of service, perhaps, entitles me to rest. But there are other considerations. I am advancing in age. Though I have not yet reached the period of life at which mental imbecility and infancy occurs, yet the time will before long come. It is true that there are some favored individuals, who go on to extreme old age and maintain their faculties to the last, as is fully exemplified in the present Prime Minister of England. But this is not the general rule. Much more commonly the faculties begin to fail anterior to the 70th year, and I have no right to suppose that I shall be an exception to that rule. You know very well that when the mind begins to fail, the individual is scarcely conscious of it himself. He does not appreciate the full deficiency of his own powers, and there is danger that he may be overtaken by it while in the discharge of his public duties, without being himself aware of his insufficiency. There is thus danger that he may become a burthen on the institution to which he is attached. I do not indeed know that I have not myself begun to enter upon this period. I cannot be, however, far advanced in it, and I wish to secure myself against the chance of getting into this false position. Besides, I desire to enjoy a period of leisure before the time comes when I shall cease to have pleasure in life, while I can still appreciate and enjoy the results of observations in foreign countries. In the course of a few years, I feel that it would be no longer possible for me to have this sort of enjoyment. It is therefore, I think, advisable for me to withdraw from my present duties, a little while before I might feel myself absolutely bound to do so from consideration for the interests of the institution. But I do not wish to be considered as intending to abandon the profession of medicine. When abroad, it is my intention to pay special attention to medical subjects; and on my return, I hope to be able to occupy

myself with the general interests of medicine, and as far as capacity may remain to supply it, for the good of a profession to which I have been so long attached.

Having said so much about myself, I will for a few minutes ask attention to the class.

I have said on several former occasions, when addressing the pupils of this school, that I have noticed a gradual improvement in the character of the several classes which have come under my notice. This may be considered as a natural result of the position of our school. I think we may claim that our classes have been somewhat select; and that they have a tendency to become more and more so with the extension of medical education in various parts of the country. I assure you, gentlemen, I do not think the present class forms an exception to the general rule of progress. I have had the opportunity of examining a large number of you every week and, certainly, I have never before been so well satisfied with the answers that have been made me. Your deportment generally, through the winter, has been all that we could wish. In my own relations with you, there has been nothing upon which I can look back with an unpleasant reflection; not a shadow rests on my remembrance of our intercourse. Your respectful attention and personal courtesy have been very grateful to me, I assure you; and I thank you most heartily for all your kindness.

May I, as a man old enough certainly to be the father of any one of you, give you some little advice as to your future course of life. Do not suppose that your education is completed. You have laid only the foundation, and erected the skeleton and frame work which you are to fill up. Go home, therefore, with the intention of prosecuting your studies vigorously, and do not give out even when business may hereafter press upon you. Do not get into the habit of acting solely and not learning; for we are receiving constant accessions to our medical information and knowledge; and it requires the constant attention of the practitioner to keep himself up with the level of the times. It is not only in reference to your medical knowledge I wish to impress upon you the value of certain courses of action. I wish you always to entertain a due opinion and feeling as to the dignity and importance of your profession. Consider that the reputation of the profession is more or less involved with your own; that you may, by your own conduct, increase or diminish the estimation in which it will be held; and let this be a strong inducement to regulate your whole course in accordance with the rules of honor and morality. Cultivate carefully all the exteriors which characterize the gentleman; but especially cultivate your moral sense, looking not only to future prosperity in this world, but also to your state in that which is to come. I am sure there is no one of you who, at his last hour, will regret that he has paid some attention to the advise which I now give you. Long experience in life authorizes me, perhaps, to offer some lessons for your use, guidance and assistance in the future. This consideration has been one of my inducements for publishing in a single volume the introductory lectures I have at various times delivered, and for placing a copy of the book in possession of each member of the class. I do not wish you to read these lectures regularly through. Put the book on your shelves. Once in a while, when you feel occasion for counsel, take it down; you will find lessons applicable to most of the circumstances in which you may be placed, and when you consult its pages, may I not ask of you to give one thought to your old preceptor?

I have litte more to say. I shall probably have the opportunity, before we part finally, to take each one of you by the hand, perhaps more than once; but as the class of the session now ending, I must bid you farewell. May heaven, gentlemen, shower its choicest blessings upon you.

Collodion in the Treatment of Venereal Warts, and in other Surgical Affections.

By Wm. Hunt, M. D.

Demonstrator of Anatomy in the University of Pennsylvania.

As notices of treatment for the removal of these excrescences are very common in the journals, and as nearly always powerful and

painful caustics are among the remedies employed, I wish to communicate a method that I have resorted to, with uniform success, for the last six or eight years.

The remedy is *collodion;* the conditions for its application are, that the part should be wiped perfectly dry; the whole surface and the parts about the base, should then be well covered. From time to time, the patient should be directed to examine the part, and if there is a crack, fill it with the collodion. By this means, I have known very large growths to disappear in from two to three weeks, and small sores in much less time. In one case, the success was perfect, after nitrate of silver, mineral acids, and the scissors, had been used in vain.

I believe the action to be due to the perfect exclusion of moisture. The pressure by contraction of the collodion may have some effect, but it cannot be very great. If this explanation is correct, the direction to keep the parts *perfectly covered* must be insisted on as essential to success. The same treatment has been successfully applied to condylomata. I should mention, that, if there is excoriation, a sharp but momentary pain will be felt on the *first* application; after this, there is no pain.

There are other affections in which this maintenance of dryness is of the greatest importance. In balanitis, for example, after the parts have been cleansed, the mere separation of the preputial and coronal surfaces, by the interposition of a piece of dry lint, is mostly all sufficient.

I have cured obstinate cases of gleet by directing a narrow slip of lint to be worn in the urethra; of course, it must be long enough to be secured on the outside. Recently, a case that had been exceedingly troublesome for many years, came under notice. There was a remarkable tendency to rapid epithelial formation on the glans penis beneath the prepuce. Great irritation and intense itching was the consequence, and a balanitic discharge was probably only prevented by frequent ablutions; but these were not sufficient to cure the case. The list of ointments and washes was exhausted, and no permanent relief was obtained until the simple introduction of a piece of dry lint accomplished all that was desired. The mucous surfaces were separated, and the irritation allayed. The discomforts at home, at study, in company, and whilst traveling, which before were very great, now ceased entirely. There is reason to believe, that the large epithelial accumulations which sometimes occur—in the vagina, for example—and which give rise to much irritation, might be prevented or relieved by the same means.

I know there is nothing *new* in this latter part of my communication: but I think it well, now and then, for us to remember that there is much in simplicity of treatment—particularly when there is a principle to support it. We are, I think, more apt to look to the materia medica for relief than to ask ourselves the reasons for our advice or prescriptions.

Correction of Malposition of Fœtus in Utero by External Manipulation.

By IGNATIUS LANGER, M. D.,
Of Davenport, Iowa.

The following finale of an editorial in the MEDICAL AND SURGICAL REPORTER, Philadelphia, March 24, 1860, page 567—"*Aside from the question involved of the proper time for performing version of the fœtus by external manipulations, this matter is unsuited to a discussion in the journals*"—conveys the idea that the value of the operation, its practicability, and practical interest, is now firmly settled; the *questio vexata* seems to be now the time, namely: that the performance of the operation is *justifiable before labor;* and *if before labor*, when, and under what circumstances? As I opened the discussion on correction of mal-positions of the fœtus in utero by external manipulations, I feel it due to myself to defend the position I assumed on the subject, some time ago.

1. One of the Editors of the REPORTER will be pleased to recollect, that, early in October, 1859, I personally handed him my circular on this subject, with the request to give the matter publicity, in the same manner as the New York, Boston, and other medical

journals of the land, have done—the object being, as stated in the circular, "to rectify the mal-position of the head by means of external or internal manipulations, aided by placing the pregnant woman in proper position, shortly before or at the time of parturition, where nothing but the position of the head affects the labor. This subject is disregarded in this country. In view of its importance, this would be a proper theme to be placed before the American Medical Association, in order to direct the attention of the profession to the operation, in such a way as to procure its re-admission in this country into the number of valuable obstetric operations."

2. My statement of a correction of a mal-position performed by me successfully in April, 1859, reported in the New York *Medical Press* of March 31, and MEDICAL AND SURGICAL REPORTER, Philadelphia, April 7, 1860.

3. Of a communication to the same *Medical Press*, published January 28, 1860, and republished in various medical journals, showing by thirty and more American, English, French, German, and other authors, who are known as masters in the art all over the civilized world, that my assumed position is sustained by them in this controversy, and an enumeration of a number of cases successfully treated under similar circumstances, like the one related by me. And, notwithstanding all this, there is a remark in the editorial of the REPORTER'S valuable issue of March 31, 1860, page 586: "Because Cazeaux, Esterle, Mattei, Noeggerath, and Langer, *say* that the position of the fœtus in utero can be changed by external manipulation *at any time from the sixth to the ninth month*," *etc.*

I am very thankful to the editor for placing me in such good company. Still I am not willing to keep a false position, or an unmerited one, no matter how pleasant it might be to me. Therefore I respectfully ask permission to define my position, and explain how far I intend to go with this operation *now*, according to the knowledge I have at this time on the subject. Inasmuch as I maintain that our art is progressive—if, in future, more or new means should be brought into requisition to establish the disputed (?) diagnostical points, or new adjuvants, in aiding the desirable correction—I certainly will not hesitatate in adopting them, if based on good theoretical principles, *no matter where and with whom first originated.* The more so if practical men and teachers should find the adoption of such means justifiable, as long as they will be of such a character, that every unbiassed and thinking mind should feel the possibility and have the freedom to scrutinize them.

"Noscitur ex sociis."

In accordance with this, I will first set right the companions the editor has pleased to give me.

The position Professor Cazeaux assumes on this question, is evident from his theoretical and practical treatise on midwifery, adopted by the superior council of public instruction, and placed by ministerial decision in the rank of the classical works designed for the use of midwifery students in the maternity hospital of Paris, in its fifth French and second American edition, translated by Dr. Wm. R. Bullock, Philadelphia.

Page 772.—Version by the head has been advised, first, *before the labor;* second, during the labor and prior to the rupture of the membranes, etc. etc.

Page 775.—On the whole, therefore, we believe that the cepalic version may and *ought to be attempted.* First, in irregular vertex presentation, when it is, properly speaking, nothing more than a simple correction of the head. Second, in certain face presentations that were carefully pointed out, p. 666. Third, in presentation of the trunk, whether before the labor or during the labor, and before the rupture of the membrances; but during the labor, and after the membranes are ruptured, we should give preference to pelvic version, even though the pelvis is contracted.

The same author's remark, as quoted in a former article by my friend Dr. H. B. Wilbur, Syracuse, N. Y., "Well directed external manipulations have not unfrequently proved sufficient to convert the position of the trunk

into one of the vertex," *can only be applied to cases before labor.* As the next following sentence, "The most difficult point is to keep the head thus reduced," etc. etc. "Whereas during labor, there is no difficulty in retaining the head by puncturing the membranes."

Dr. A. Mattei, Professor of Obstetrics in Corsica, has written a very important pamphlet on this subject, equally as good as Dr. Ed. Martins, late Professor of Jena, and now Director of the Lying-in Hospital of Berlin, Professor of Obstetrics there, whose memoir is very favorably quoted by Dr. Fleetwood Churchill, of Dublin, London edition, 1855, page 311; and Tyler Smith, of London, in his lectures, St. Mary Hospital, American second edition, by Dr. Aug. K. Gardner, N. Y., page 674. But these essays are *secondary only in importance to the original, by Dr. Wigand, Hamburg,* 1812, *illustrated with three cases laid before the Universities of Paris and Berlin.*

Dr. A. Mattei, in the *Gazette Med. de Paris* of 1855, and in his work, "Essai sur l'accouchement Physiologique," Paris, Victor Masson, 1855, page 179, seq., on "*réduction céphalique et version céphalique.*" "The cause," he remarks, "why cephalic reduction has been so very seldom performed by obstetricians, may be found in the difficulty of detecting the position of the fœtus in utero before the rupture of the membranes, and this difficulty we ourselves had at first to overcome," etc. etc. *As long as labor has not begun, it is very easy to advance the head toward the brim of the pelvis.* This able writer is appreciated also by Dr. George T. Elliot, lecturer in the College of Physicians and Surgeons, New York, in his clinical lecture October 14, 1859. Vide *Medical Press,* vol. 2, No. 18; also my former article and Dr. Wilbur's quotations. * * *

Dr. Chas. Esterle, Professor of Obstetrics in the University of Trent, is now left; poor Dr. E., doubly poor, as he is left to be defended by me. Yet before I engage myself in this easy and pleasant undertaking, I will say that Prof. C. Esterle delivered a lecture in Trent, in April, 1859, which has been reported by Dr. Schildbach, in Schmidt's Yearly Reports, edited by Prof. Drs. H. E. Richter, Dresden and A. Winter, Leipsic, vol. 104, No. 10, October, 1859, page 76. "*Observations on version by external manipulations;*" an extract from this lecture was translated by Dr. N. in the New York *Journal of Medicine,* January, 1860, at the end of which, the following appropriate remark is to be found: "*We recommend a perusal of this article more particularly to the Scott County Medical Society of Iowa.* E. N." Inasmuch as the lecture is partly translated, and appeared in several medical journals, I leave that accessible part to the profession at large untouched, and for Dr. N. to defend.

* * * * *

I will merely recur to the *quotation* from Prof. Esterle's lecture, I have made use of, in my article in the N. Y. *Medical Press* of Jan. 28th, page 73. "*In an extensive article,* Prof. Chas. Esterle insists on the high value of the cephalic version, by external manipulations, as *preventative to premature labor in cases originating from cross-birth.*" And to such sections of the quoted lecture, as my humble judgment will suggest, and which will be able to throw new or better light on the subject, or might be apt to bring on a mutual understanding.

I have good reason to believe, from analogy that if the medical journals, which noticed the Scott County (Iowa) Medical Society's circular of November 2d, 1859, had republished my communication, which appeared in the New York *Medical Press,* January 28th, as my defence to an attack by the Society, in the *Press* of December 10th, 1859, the "vindication" would not have shown its face in their columns, and, therefore, the controversy following it might have been spared, as in reality said communication contains my defence in full, page 75. "From the statement of the lady patient and her husband, you might judge how much truth is in the alleged charges of '*indecent experiments on a pregnant female, with a view to correct mal-position of the fœtus,*' and from the authorities referred to, as above, you will please to learn my good and professional conduct in trying to

correct the mal-positions by external manipulations; and the correctness of the charges, "*a practice purely deceptive, an impossibility in fact, and in its details highly indelicate and dishonorable.*"

The same communication contains the literature on the subject in my possession, and might be of more interest to the profession than a personal controversy. I hope my appeal to the medical journals to republish said article, will not be fruitless, as, in fact, it would be nothing more than an act of justice, and in accordance with the editorial of the REPORTER of April 7th, page 23. "With a disposition to allow an accused man ample opportunity to defend himself against charges made against him" etc., etc. As the November circular was the attack against me, and my January communication my defence—and so it was viewed by unbiased minds. By this, I don't wish to press on any one's mind that I was correct in performing the operation, nor, that the authors quoted by me are infallible; but I adduce their opinions to show, *like my former associates*, that I am sustained in my action by the best living authorities of *our and other countries*, and that I acted deliberately and advisedly in this case, with the emphatic recommendation of such practice and conduct by the men of highest authority and standing all over the civilized world. I felt that it would be a dereliction of duty on my part if I failed to act in accordance with their expressed opinions, till shown by good evidence to the contrary.

Though reluctant, I am obliged to turn my attention to two articles in the REPORTER, by a Committee of the Scott County (Iowa) Medical Society.

The one of March 31st, with the caption, "Version of Fœtus in Utero by External Manipulation." This paper is the *questio vexata*, and not, as intimated by the editorial in the REPORTER of March 24th, page 567, or the official document in the REPORTER of February 25th, 1860, with its caption "*External Manipulation of Fœtus in Utero* to rectify supposed malposition; Vindication of the Scott County (Iowa) Medical Society in *expelling a member for alleged unprofessional conduct.*"

The manipulation of the fœtus is only the mechanical part, and the proposed intelligent method to rectify the malposition of the fœtus in utero is based not only upon the physical gravitation, but upon the vitality of the fœtus; voluntary movements on the part of the fœtus; and the well recognized phenomenon of the reflex action of the uterus, produced by the manipulations upon the uterus and fœtus, as well as of the motion of the fœtus per se and its action upon the uterus.

It might be in place *here*, to state that I maintain the opinion, that the mother exercises a limited volition; an influence of will in some degree upon the fœtus in utero after a certain period, though we are not yet able to demonstrate proper nervous connections between mother and fœtus. This opinion I shall defend on another occasion * * *

The success of the operation, does not rest, *as implied by the article* last mentioned and *its caption*, on the *mechanical manœuvre upon the fœtus alone* and its gravitation; but also on the vitality of the fœtus, and on the dynamical agency of the uterus. Here I would stop, if all were *obstetricians*. Cicero would have said:

"Damnant quod non intelligunt."

Inasmuch as I am a believer in progress, I certainly cannot find fault in finding five weeks later a second article in the REPORTER, of March 31st, by the same committee, wherein a somewhat cleared and better conception is manifested on the subject in question, being aware that the ground of almost all our false reasoning is that we seldom look any further than on one side of the question, may account for its short comings at this time. But as I never place so much confidence in my minister as to sleep during the sermon, so I make use of the privilege—independent of any thing else—as an obstetrician, and subscriber to and reader of the REPORTER, to follow up the last mentioned article.

Page 572, from below 9th line, "by stating some statistics collected by Dubois *of the posi-*

tion of the fœtus in utero, at different periods of gestation. At the end of the sixth month the head presents in 52 cases out of 100; at the end of the seventh month, in 68 cases; at the end of the eighth month, in 78 cases; and in 96 cases at the end of the ninth month." The committee further remarks: "these observations are corroborated by those of Drs. Collins, Tyler Smith, and others. From these ascertained facts, it appears very clearly that the *position of the fœtus in utero,* in nearly one-half of the cases, is either that of the breech or side *presentation at the end of the sixth month,* at the end of the eighth month, about 25 per cent. of the *presentations* are those either of the breech or side; whereas the head at birth, presents in 96 cases out of every 100, leaving about four per cent. for all others than the head. Statistics further show, that of this four per cent., only about one-third of the presentations at birth are those of the shoulder."

In the article of the committee, in the REPORTER, page 577, they say: "We again re iterate it, the controversy has not been on the propriety of external manipulations, when labor has begun, but on the propriety of examinations made long before the period of gestation is completed."

Vide my W——r case, upon which the controversy is based, where I made the first examination at the full term of gestation, when the lady had encountered "the faulty character of the early pains of labor, which Rigby and his teacher Naegele particularly notice," *and in consequence of which she sent her husband after me.* How do the authors of the article, who are otherwise so opposed to examinations on pregnant females prior to labor, and more so to external examinations—how, I say, do they reconcile themselves with their own *anathema,* by the above mentioned quotation of the celebrated P. Dubois, and corroborated by lights as Collins and Tyler Smith. *How, I ask, could these eminent teachers have found the* EXISTENCE *of the positions of the fœtuses in utero at different periods of gestation, without examinations, nay, without external examinations?*

I should be bound to say, the thoughts of the composers, though much startled at first, are reconciled to it. Or do they wish to adopt in science the aristocratic dogma:

"Quod licet tovi, non licet bovi."

I certainly have no inclination to force any physician, old or young, to any operation to which he feels himself incompetent; but I certainly am not disposed to leave quietly on record, that there exists anything in the limits of the healing art, which ought to be kept secret to the mass of the profession. The quoted statistics, if considered as given by the committee, will alone condemn their former actions and continued persecution for alleged examinations prior to labor. I need not dwell here to settle the point, that if an examination is necessary on pregnant females before labor, which is the most preferable, the internal or external, to establish the position of the fœtus in utero before labor, or which leaves a worse moral impression on the patient?

Further, the committee affirms, page 575, "but we cannot believe that, even in Europe, females generally are willing to submit to such examinations and investigations," (palpation and abdominal auscultation,) which the members of this Society think "are *not only useless, as far as the diagnosis of the position of the fœtus is concerned, but moreover unnecessary, highly indelicate,* and open to the gravest objections on the score of morality. If the teachings of these new light obstetricians are carried out, all pregnant females must submit to a preliminary examination at any time when the medical attendant may require it. How else will he be able to determine, beforehand, whether the position of the child is right? And they hold it to be a professional, if not a moral sin, if we do not detect and correct the malposition before labor begins."

I am well aware that I will not receive, nor anybody else, a direct answer to the foregoing queries. It will be said at a future day, "Langer does not understand us; although we stated *the statistics collected by Dubois, of the position of the fœtus in utero, at different periods of gestation,*" etc., etc. We claim still the right to state now, that we meant the

presentation of the fœtus. And why should we not have that privilege? As the same error has so often been made as to assume the right of a custom. And who is this man who pretends to correct us? Who authorized him to instruct us? Still less, when we don't wish to be informed.

But at this junction, I surmise this faulty expression is capable of doing mischief, I can prove that that eminent teacher collected his statistics from *occurred premature partusses*, where the majority of the fœtusses were dead some time before partus, or even before labor.

Tyler Smith, in his quoted lectures, page 273, "we possess satisfactory proof that the child assumes the *position* with the *head presenting*, in the latter month of gestation, and that the *dead children* do not assume this position with the same frequency as the living ones. The statistics of Dr. Collins extend to upwards of 16,000 children. In the living children, which exceeded 15,000, only 1 in 57 presented preter-naturally, or otherwise than the head; while of upwards of 500 children born in a putrid state, 1 in 5 presented preternaturally."

Dubois obtained (l. c.) another important result similar to that deducible from the tables of Dr. Collins, by comparing the comparative frequency of cephalic *presentations in dead and living children.* Of children born living, in the seventh month, the head *presentations* were in the proportion of 82 per cent.; but in dead children, born during the seventh month, the proportions were reversed, no less than 55 per cent. being preter-natural presentations.

Now, the examinations and the consequent manipulations claimed at this period of gestation, are to prevent premature labor, therefore, on living women with living fœtuses in utero.

If at seven month's gestation, the change is from 45 head presentations amongst 100 dead fœtuses, to 82 head presentations amongst 100 living fœtuses, what might be expected of presentation amongst 100 living fœtuses in the eighth and ninth month, when at this period out of 100 dead fœtuses, 76 present themselves natural; when the fact is established beyond cavil, that the sinking of the head is of greater frequency with living children, in the latter month of pregnancy, then with dead ones.

By this it can be clearly established, the incorrectness of the deductions, from the *erroneously quoted* classical statistics of the eminent Dubois, and consequently *the force of the intended sneer in the article:* "Or the fœtus must be forcibly and continually held in its altered position in 48 cases out of every 100 pregnancies for three months, if the correction is made at the end of the sixth month; in 32 cases for two months, and in 22 cases for one month."

This would be the case if the committee wished to preserve the dead fœtuses in utero. Whereas the statistics of examinations made on living women, with living fœtuses, out of 500 examined in the seventh and eighth month of pregnancy, 22 cross-births were diagnosticated. Which seemingly approaches nearer to the figures of the extended table made by Dr. Simpson, from the report of La Chapelle, Boivin, Clarke, and Collins, amounting in the aggregate to upwards of 48,000 cases, the proportion of cephalic presentations amounted to 96 per cent. Here 4 out of every 100 presentations are preternatural, (though I am not disposed to call a breech presentation so, at least I only grant the right of interfering with them, under extraordinary circumstances,) on account of the table being collected from partuses of living and still-born children, at or near full gestation. Were the still-born separated, the preternatural presentations would be less. *To prove this,* the statistics of Dr. Collins extend to upwards of 16,000 children. In the living children, which exceeded 15,000, only 1 in 57 presented preternaturally, or otherwise than *the head.* But methinks the breech presentations might in this respect also be exempted.

As in the examinations on the 500, where 22 cross-births were diagnosticated, the breech presentations are not included. On the other hand, out of the same tables of Dr. Collins we learn, of children *born* living, in the seventh month, the head presentations were in the proportion of 82 per cent.; the deficit of 18 per cent. includes the breech presentations.

And from the last part of the statistics quoted by the committee—"Statistics further show, that, of the four per cent., only about one-third of the presentations at birth are those of the shoulder." This is rather an over-estimate, (Ramsbotham.) Now, please take one-third of the wanting eighteen head presentations out of every hundred of Dr. Collins' tables of seven-month partuses, and take further in consideration, that not all the shoulder presentations of living children, born at seven-month gestation, must have been cross birth prior to labor for causes sufficiently known. *Therefore not forty-eight* (48) *cases out of every hundred pregnancies must be corrected forcibly, and continually held in its altered position, etc. etc.*, as erroneously alleged by the committee in its article March the 31st—*but only that fraction of cross birth stipulated as above, and only then at such an early period of gestation, when the existence of such a mal-position of the fœtus in utero menaces to induce premature labor*, for which alone, at such an early time, as I understand Prof. Esterle, he insists on the immediate correction of the malposition, (and who would not?) with the recommendation—"*This operation has another important advantage, viz., that of doing away with the danger of a premature partus, which latter is often caused by a cross position alone,*" on account of the prolonged contact of the fœtal inequalities with the lower part of the uterus, and on account of the difficulty of the uterus of assuming its ovoid form, (Tyler Smith;) and here the golden rule is applicable, "*to correct the malposition as soon as ascertained.*" And has not Naegele, as well as other teachers, recommended the same? There might still be an objection to thus early correcting the malposition, on account of the rarity of its occurrence. To these will be applicable the valuable and characteristic remarks of the eminent *Gooch*, as a rebuke to the mere numerical observers of the present time: "This (the numerical) would be the best mode, although none but those who have tried to procure information in this way can have a notion of the difficulty of procuring answers scrupulously accurate. But, however accurate the estimate may be, it must afford a very *loose prognosis for any particular case.*"

Would any rational physician answer the question about the probable fate of a patient, that the mortality, in a given case, is as one in a hundred; or the occurrence of a certain malposition, is only as once in a hundred cases met with, and therefore its correction is of little practical interest. This would be more like the opinion of the secretary of an insurance office than of a practical physician. The question would naturally occur, Are there no symptoms in the given case, by which to judge whether or no the life or the well-doing of the patient is in danger? With all due deference to those of my readers who may differ from me, I must be allowed to mention, that I think no one fact in obstetrics is better established than this. The question is not one of abstract reasoning, but one of facts, and of these facts, *a few amounting to positive demonstration, must be conclusive; negative testimony is utterly worthless in settling such a question.* I should almost feel that I insulted the intelligence, or imposed on the patience of your readers, by describing the operation in question at the present day.

Though the conditions necessary to the operation do not often occur, yet we must admit that those which are present are often not made use of, because most practitioners are accustomed in cases of malposition, where version is indicated, to turn by the feet. For my part, I am satisfied, from evidence, that in a good many instances, where the podalic version has been accomplished, the version on the head would have been practicable. Cases have occurred in which its suitability could not be overlooked, and, in consequence, we find an admission here and there of its utility. Quite a number of successful cases have been collected and published. Its advantages are found to be, according to Churchill, "a vast saving of infantile life. This operation will be no more fatal to mother and child than natural labor, *if performed early;* whereas in footling cases, and in version by the feet, at least one in three of the children is lost, and

the result to the mother is far from being satisfactory to the medical observer."

As the palpation and auscultation of the abdomen is sufficiently known, I will here only direct the attention of the profession to a characteristic for distinguishing by external palpation the head from the breech.

By comprehending the head and moving it, the motion will not be communicated to the trunk; this motion will *be easily accomplished*, where *au contraire* the comprehension and the motion of the breech will be communicated to the trunk, and often to the head itself, but its mobility will not *be so easy*.

There is another fact of practical interest. The frequent complication of cross presentation of the child, with latero-cervical attachment of the placenta, has often been observed. The explanation of *Levret* satisfactorily ranges the two facts in the relation of cause and effect; and who has not had to encounter cases where, in consequence of the aforesaid, hæmorrhage continued more or less for weeks prior to the full term? We find in times prior to the auscultation era, the *lancet* had its full sway there. "*Exempla sunt odiosa*," even amongst the lights, on account of not having the diagnostical means of the present time at their command.

I might say here, that the *auscultation per vaginam*, even *per rectum*, is a great help to establish the diagnosis in certain cases of posterior latero-cervical attachments of the placenta. *Puzzos'* treatment was certainly a great progressive step, which is so nobly defended and recommended by *Prof. H. Miller*, of Louisville, Ky.; more than this, it is improved by this amiable teacher and veteran in the art. In a case with the above complication, at full term of gestation, with painful and lingering labor, I attempted to change the malposition of the fœtus by external manipulations, and succeeded in thus bringing the head of the fœtus in best possible close contact and pressure from within to the mouth, and the well adjusted *tampon* to the outer mouth, which I consider to be not alone the best method, but I might say the only mode to guard against the *excessive loss of blood*, aiding the dilatation of the os uteri—*nay*, in inducing and terminating labor in a speedy and rational manner.

The obliquity of the uterus familiar to every one is often the source of malpositions, but as of interest in the case at issue, I mention it in connection with other causes of transverse position. (See Dr. Barnes, page 435.) "It is highly probable that irregular or violent contractions of the uterus, before or at the commencement of labor, may cause shoulder presentations."

I might add to these, *partial contractions* of the uterus, in consequence of partial loss of tone in some of the uterine fibres. This explanation is apparently applicable to cases which are met with, in which, without pelvic deformity, the same woman suffers in successive labors from the presentation of the child's arm. In these cases, excessive and painful movements, which are evidently those of the uterus, are complained of, and we are obliged to look to the mother for the cause, in cases of repeated malpresentations. Similar malpositions are the more apt to recur in women where gestations follow in short intervals, after lingering labor, with violent contractions of the uterus. The same opinion is sustained by Dr. George T. Elliot, in his lecture, October the 14th, 1859, (*N. Y. Med. Press*, volume 2, No. 18:)

"Now, of what interest is this patient to us," you may say; "she has only met with this accident once, and she will probably do well this time. Let her take her chances." But this is not your duty. The intelligent obstetricians' duty does not commence with the act of labor. He carefully anticipates the risk to which pregnancy exposes a patient, and wards off much danger by careful inquiry into her condition; albuminuria, for instance, or a de ormed pelvis, etc., *should be appreciated before their sad results force themselves on the attention of all.*

Statistics which I have collected show the rarity of transverse presentations in the first confinement. The ovoid form of the uterus then opposes itself strongly to this position, but as in later pregnancies the uterus becomes

less of an ovoid, so do the risks increase, and so are they apt to recur in patients who have once suffered from it. *We have* it in our power to determine now whether such will probably be the case here. *And, if so, can we offer her any assistance before labor sets in?* Mattei, a Corsican Professor of Obstetrics, has proposed an intelligent method of procedure in this class of cases, etc., etc., as related in my former communication.

Tyler Smith, speaking of shoulder presentations, page 427. "The mortality to the mother and the child, but particularly the child, under these circumstances, is very great."

Dr Lee, in his *Clinical Midwifery*, relates 59 cases, and records the death of the mother in 11, and the death of the child in 32 cases. *These cases were amongst the most severe that could be met with in consultation practice; and such results should imprint upon accoucheurs the necessity of an early diagnosis, and prompt action in this form of dystocia.*

Dr. Fleetwood Churchill has collected the statistics of 112,140 cases, in which the superior extremities presented 484 times, or once in 231 cases. In 242 cases of presentation in which the results to the mother and child were recorded, 127 children were lost, or rather, more than 1 in 2; and 26 mothers died, or about 1 in 9.

All statistics tend to show, that in this complication, more than in any other, danger both to the mother and child increases with the prolonged duration of labor.

"Where, on the other hand, the large number of cases collected by Prof. Ritgore, where the correction of the malposition by external manipulations has been performed, the results to mother and child were highly satisfactory to the observer."

It is certainly a most important accomplishment of science to change the position of the child in such an advantageous manner, and with such a sparing of mother and child, and therefore, I see clearly the high estimate which ought to be placed upon external examination, as aiding to ascertain the malposition, and when ascertained, to place the head in a most favorable relation to the pelvis, by means of external manipulations, and suitable placing of the patient, if there are no indications to hasten the termination of labor. I urge, therefore, this subject upon your consideration, for the purpose above stated.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL,

Service of Dr. F. Gurney Smith.

(From phonographic reports by J. Solis Cohen, M. D.)

WEDNESDAY, APRIL 18TH, 1860.

Myringitis.—This was an adult male who had been already presented to the class. The patient is one of those in whom the affection is most prevalent, being of light complexion, with light hair, and evidently of a strumous or scrofulous diathesis.

The case is one of acute inflammation of the external meatus of the ear, involving the membrana tympani. As usual, the affection was ushered in with a chill, followed by fever, and an intense boring pain, the symptoms continuing until there was a discharge of pus. The treatment consisted in washing out the parts with an ear syringe, attached to a cup, to prevent spoiling the patient's garments; and then using an ointment composed of hydrargyri oxidum rubrum gr. x, ceratum simplex ℥ss, under which course the case improved; though there is still pain, at times severe. Within a few days symptoms of an extension of the external inflammation to the middle ear have presented themselves, in swelling, redness, and tenderness of the post-aural portion, over the mastoid portion of the temporal bone.

To arrest this, a blister was placed over the part, which was afterwards allowed to discharge freely, and it was then covered with an emollient poultice. This was done yesterday, and now there is little pain, less soreness on pressure, and less discharge.

The blistered surface is to be kept discharging by an irritant application, to prevent the dangerous results which would ensue should the inflammation extend and involve the ossicles. It is recommended when this treatment proves insufficient, that free incisions should be made down to the bone through the periosteum, but this will not become necessary in the present case. Some antiphlogistic is to be given internally, with iodide of potassium as an alterative.

Erysipelas.—This is a case of an adult sailor born in India. He came from sea two weeks since, and was first taken sick on the 14th, having been brought to the hospital on the 16th, suffering under erysipe-

latous inflammation of the face, which he describes as having been produced without antecedent symptoms, in consequence of his having scratched his nose on account of some irritation there. The inflammation rapidly extended over the nose, then passed to the forehead, and finally to the scalp, over which it is now travelling.

The present is described as a fair specimen of idiopathic erysipelas, probably owing to some atmospherical change, and confined to the cutis.

Erysipelas is regarded by many as a phlogosis, to be treated antiphlogistically, but it requires a supporting and a rather stimulating treatment. It is dependent upon a peculiar poison taken into the blood, and the system must be sustained during the process of elimination and eradication of the disease. Occasionally local depletion may be permitted, but mercury and antimonials are not to be given. Under free alcoholic stimulation the pulse diminishes in frequency, the inflammation often ceases to spread, the delirium, dependent upon the presence of a toxical agent in the blood disappears, and all the symptoms recede.

Dr. Bentley Todd's favorite treatment is the alcoholic; and he has shown that where the antiphlogistic plan has been adopted patients have sunk, while under bold and vigorous alcoholic treatment the result has been eminently successful.

This patient has been treated by the outward application of slippery elm mucilage to keep off atmospheric influence, and internally he has been given a wineglassful of milk punch every three hours, and also every three hours 15 drops of tr. ferri chloridi, as suggested by Mr. *Bole*, of England, in 1835, and carried out by him with great success; the practice in the hospitals of this country having been confirmatory of the efficacy of the plan.

The disease has already begun to decline, extends less rapidly, much of the redness and febrile symptoms has disappeared, the pulse has decreased in force and diminished in frequency, and the patient is generally improved.

In connection with this case, Dr. Smith said that he felt strongly tempted to make some general observations upon the nature of erysipelas, and we herewith present a summary of his remarks.

Erysipelas is dependent upon a peculiar poison taken into the blood, being analogous to those diseases known as exanthemata The precise nature of this poison is not known, but it is specific, because it always manifests itself by the same outward signs, presenting itself usually in the spring months when we are exposed to sudden changes of weather, or in the moist winter months.

The disease is usually ushered in by rigors, followed by fever of a rather high grade, and often intense sickness of stomach, lasting for several days. The inflammation does not always present itself with the chill and fever, but may not appear until several days afterwards. The inflammation has a distinct though irregular and somewhat elevated margin, and may extend over more or less surface, sometimes even covering the whole body. There is distension of the subcutaneous cellular tissue, followed generally by effusion which may pass into a state of ulceration. The cuticle is elevated in blisters, and the exudation taking place differs from the usual products of inflammation in possessing but little fibrin. The exudation is usually serous, but sometimes contains blood.

There is ample reason to believe that eryripelas can be communicated from one person to another, provided that the individual attending on the patient has some abrasion of the cuticle, or some opening by which the poisonous matter may be introduced into his system, and therefore the disinclination to introduce a case into the surgical wards of a hospital.

Another interesting point is the connection of epidemic erysipelas with puerperal fever. That the two are similar in nature seems evident from the fact that they occur simultaneously. Epidemic diseases generally seem, as it were, to wipe out other diseases and become the prominent affection of the time, and when other diseases also prevail they impress their type upon them. When epidemic erysipelas prevails there is also puerperal fever, which seems to point out their similarity. If they were widely different, one should be able to control or wipe out the other. In the Pennsylvania Hospital it has been found necessary to abolish the nursery; and as seen by Dr. *Stuard's* paper, because when erysipelas prevailed in the medical or surgical wards puerperal fever prevailed in the nursery beds. The two are also found to go together in private as well as in hospital practice.

Another nice question is whether either is able to produce the other. There is evidence sufficient to show that when a man is attending upon cases of erysipelas requiring surgical treatment, and at the same time is engaged in obstetrical practice, he is apt to communicate puerperal fever to his parturient patients; and it may therefore be concluded that erysipelas will give rise to puerperal fever. A striking case in proof of this is reported by a surgeon named Storr, in England, who called in consultation to a case of phlegmonous erysipelas a physician living at a distance of 10 miles from his residence. Both gentlemen operated on that patient, each one assisting the other. Each one was attending cases of parturition, and in both instances the first four or five cases they delivered after this operation were attacked with puerperal fever, and several of them died. There are hosts of cases which go to show that persons in attendance upon cases of erysipelatous inflammation, especially when phleg-

monous and malignant, may communicate puerperal fever to a parturient female. The Dr. recited two cases confirmatory of this view which came under his own observation, in one of which a medical gentleman, suffering under erysipelatous inflammation at the time when his wife fell into labor with her first child, communicated to her puerperal fever which, developing itself in an hour after the completion of a tedious labor, proved fatal in a week. The question may be asked, why a woman exposed to the poison of erysipelas will exhibit no external evidence of the disease until she falls in labor? It is because erysipelas depends upon a peculiar poison introduced into the blood which excites fermentation, and then manifests itself in the efflorescence of the skin. Now, some conditions of the blood are more liable to spread this poison than others. During the process of parturition, blood is lost from the system, strong muscular action is brought into play, accompanied of course with a breaking down and disintegration of the materials of that muscular structure; the uterus is wearing itself out, and its dead tissues are thrown into the blood and there become a nidus for the development of a poison which may have been lying dormant in her system for some time previous to the inception of the disease. Then there is a greediness of absorption about her tissues, the epithelium having been removed from the mucous membrane of the vagina, the surrounding parts being relaxed, &c., allowing the poison to exert an influence greater than under other circumstances.

That puerperal fever in a female may give rise to erysipelatous inflammation in others is proved by instances of the kind on record, among which is one in which a woman attending a case of puerperal fever was attacked with erysipelas, and a child entrusted to her care was attacked with it, and died.

Service of Dr. Pancoast.

WEDNESDAY, APRIL 18TH, 1860.

Chronic Organic Stricture of the Urethra.—This was a report of a case operated on at a previous clinic. The patient was past middle life, and suffered from an old chronic organic stricture of many years' standing, with a fistula opening in the perineum and through the scrotum, and a long sinuous callous tract from the root of the scrotum to the triangular ligament. This had proved intractable to treatment; and to expedite matters, Prof. Pancoast had divided the stricture with his own peculiar instrument; after which the patient was put to bed, and had a chill, which passed away after the exhibition of a Dover's powder. Water has been made with perfect ease and comfort ever since, and in a stream triple the calibre of that made before the operation.

The Doctor states that the great secret in the use of cutting instruments in these cases, is to prohibit the introduction of an instrument into the urethra for some time after the operation, and not to allow the patient to urinate for a few hours. If openings are made by the instrument into the spongy portion of the urethra, the wounds being subcutaneous are readily and easily healed, and therefore little or no danger is to be apprehended from urinary infiltration. After the flow of urine becomes established, the passage is to be dilated by waxed bougies.

Attempt to form a New Articulation.—The patient is a young lad employed in a cotton mill. He got his hand entangled in the machinery yesterday, and all the fingers and their metacarpal bones, and the first row of wrist bones were crushed up, and the soft parts destroyed. The thumb was left with the thinner mass of integument; the little tendons of the thumb were injured, but the main flexor and extensor of the thumb seemed to be uninjured. Dr. Pancoast opened the middle carpal joint, between the 1st and 2d row of wrist bones, loosening the integument on the side of the little finger and side of the fore finger, and skinned the backs of the fore finger and middle finger, for there were still there some patches of good skin. In consequence of the crushing of the trapezium (the first bone of the second row of the carpus) it had to be removed, leaving the thumb without a joint. He shoved the metacarpal bone into the fossa made by the os naviculare and inserted the metacarpal bone of the thumb into the socket which held the os magnum, to see if there will be any disposition on the part of nature to form a new joint. The thumb is a little out of position, but though the operation was performed last night, the thumb is moved very readily.

If the thumb bears this grafting of the articular facet of its metacarpal bone into the fossa of the semi-lunar, it will make a very useful hand.

Should the attempt to form a new articulation prove unsuccessful, it will be necessary to make an opening on the side and take out the thumb and metacarpal bone, and leave the flap to cover the stump.

For the present the part is to be dressed with a lotion consisting of Goulard's extract (liquor plumbi subacetatis) and laudanum ā ā f℥iss, to water f℥ij; and the patient is to be made to sleep by morphia; and made to sweat by a combination of neutral mixture and tartar emetic.

We believe the above to be the first record of such an experiment. Whether it succeed or fail, it will be equally instructive, as it will be evidence *pro* or *con* of the practicability of such operations; and the triumphs of surgery in case of its success are too evident to need comment.

Chronic Abscess--Benignant Carbuncle of the French. This patient, a male adult, had some little inflammation on the inside of the arm which immediately went into slough. It was a subcutaneous scrofulous tubercle, followed by sloughing of the whole cellular tissue up and down the arm, and under the arm pit; and of the whole cellular tissue uniting the inner face of the subscapularis muscle to the outer face of the serratus magnus anticus. The patient was in a state of irritative fever, typhoid in its character.

The treatment consisted in covering the whole arm with a poultice, and in passing an injection of zincum chloridum, one grain to the ounce, on the whole surface between the subscapularis muscle and the serratus magnus anticus. This at once arrested the slough and lessened the discharge.

Amputation of the Leg below the Knee.—This operation was performed on the person of a young man 27 years of age, employed as brakesman on the Camden and Amboy Railroad. This morning between three and four o'clock, at Rancocas, N. J., he was run over by two railroad cars, eight wheels passing over the limb. At first the toe was caught on the rail, but each wheel passing over it drew the foot a little in, causing it to feed the machine, as it were. The entire foot was ground away, even the epiphysis of the tibia was broken off, and the lower half of the tibia exposed, the muscles of the leg being much torn. The patient is said to have bled largely at the time of the accident, and was brought to the hospital without a tourniquet. The limb was much swollen in consequence of the inflammation having spread up into the cellular tissue, accompanied with an effusion, not only into the subcutaneous cellular tissue, but also into the cellular tissue interposed between the planes of all the muscles.

Dr. Pancoast removed the limb by the circular operation, assisted by Dr. Norris and the house surgeons.

JEFFERSON COLLEGE.

WEDNESDAY, APRIL 18TH, 1860.

Service of Professor Gross.

Congenital Hydrocele.—This case is a delicate child two months old. The only treatment directed was a strong solution of alum ℥ss. to a quart of water, two tablespoonsful of ordinary vinegar being added to increase the astringency. This is to be applied tepid, by means of a flannel bandage, arranged to four or six thicknesses, and covering the entire scrotum.

Venereal Warts.—This patient is a man of middle age, and the affection of several years' duration. There were large excrescences on the prepuce, which was much contracted and very sore. The parts were opened, and being seized by a pair of polypus forceps, cut off with one sweep of the instrument. Examining further in the case, the mucous membrane, covering the glans, was found much contracted and extremely adherent in consequence of a number of warts upon the head of the penis, rendering it firmly adherent to the prepuce. It required a good deal of time and patience to strip the prepuce from the head of the penis, which was gradually accomplished by the finger nail and the handle of a scalpel. After the operation the skin and mucous membrane were approximated by four silver wire sutures, the parts directed to be kept separated, and the patient to be kept quiet, and put under antiphlogistic treatment.

Paralysis of the Forearm and Hand —This case is a man 38 years of age. He says that on waking from sleep the morning of the 15th, he discovered his limb in this condition. He is accustomed to doze and sleep with his head resting on his arm, but is not certain that he slept in this position on the night when the paralysis took place; but the probability is that such a circumstance caused the difficulty. He is in good health, and has perfect motion of the shoulder joint, but no power of motion in the hand or fingers, and there is also loss of sensibility in the fingers, hand, and lower part of the forearm.

He was seen yesterday by Prof. Gross, who ordered him a drastic cathartic to clear out his bowels and excite secretions, and ordered to be applied to the parts a liniment composed of soap liniment and aqua ammonia; and at the present time within 24 hours after treatment, he is somewhat improved. Upon examination no spinal irritation could be discovered. He was directed to be purged on alternate days, and to keep his arm elevated, and to rub it three or four times a day with the above liniment, first cleansing the parts with warm water and castile soap.

Epithelioma of the Lip.—This was a case of 12 years' standing in a man of middle age. The tumor was of the size of a pea, and accustomed to form scabs and throw them off from its surface. It was attended with pain, described as darting. The tumor was on the edge of the lip, to one side of the medial line, and the skin in its immediate vicinity was abraded. The tumor, with the parts adjacent, was removed by a V shaped incision, and the parts brought together by two pins and one silver wire suture.

Necrosis of the Tibia, with Caries of the Femur of the opposite limb.—this was in a lad 14 years of age,

and was of five years' standing, described as having ensued on an attack of measles. The limb was much swollen, and presented cicatrices caused by sundry discharges of dead bone.

Dr. Gross cut down upon the parts and removed several pieces of dead bone from the tibia, the cavity of which he scraped out, and then washed out by consecutive injections of cold water.

On the opposite limb there was a cloaca directly over the popliteal artery. The cavity was probed and found to extend as far as the condyles of the femur, though no evidence could be discovered of the presence of dead bone. The cavity was scraped out and cleansed by injections of cold water as on the other side, and the case was treated in the usual way.

EDITORIAL DEPARTMENT.

Periscope.

A curious case of Malingering—A woman passes "black balls" from her vagina, and simulates convulsions, in order to get opium.—(Reported by WM. A. BROWN, Student of Medicine, McConnelsville, Ohio, in the *Ohio Journal.*)—Progress is the order of society, and every day shows us "something new under the sun," Ecclesiastes to the contrary, notwithstanding. But science has never as yet come up to the consideration of certain *black lumps* which may be passed from a woman's vagina; and no physiologist has, in the widest range of his subject, treated of this peripheromenon we are about to describe—a fact that may be added to the many more which show "there are more things in heaven and earth than are dreamed of in our philosophy."

A pauper had been a charge upon Morgan county for a great many years, much trouble to the authorities, and a great expense to the people. The Infirmary Directors, cognizant of this fact, and of her requiring a great deal of medical attention, having long understood that she labored under a very strange "irregularity" of the uterine function, were anxious to rid themselves of the expense by having her included in the regular fees for attendance. The doctor was called to remove one of the woman's "black balls," but while doing so she had a terrible convulsive fit, which induced him to break his engagement, saying he would not do the business for "a thousand dollars." His successor, however, succeeded much better in treating her "irregularity," adopting the palliative treatment, and employing "opiates," which the poor woman assured him acted like a charm in calming the constitutional irritation attending such a harrassing "irregularity" as she was subject to, and completely controlling the distressing convulsions.

The case was becoming notorious; although little was known in regard to it, yet many physicians had heard of "the woman who passed black balls," and a few were the glad possessors of specimens of these mysterious lumps, but were yet, very naturally, somewhat "skeptical."

Drs. Brown and Little were finally attending physicians, and were anxious to investigate into the cause and character of this unheard of morbus. An opportunity soon offered; the woman was taken with one of her "spells." He delivered her of a black ball about the size of a goose egg, which was close up to the os uteri, during which procedure the woman simulated acute pain, and very nearly went into one of her "convulsions." It was impossible for the doctor to resist the belief that she was of that species of "genus homo" known to the Naturalists as the "humbugs."

After the operation he yielded to her entreaties, and gave her opium, which she declared "always made her feel better afterwards."

He then examined the ball, which he found to be of the consistence of moderately dry dough, and of a blackish color; he broke it, and discovered in its substance a small piece of *sewing thread.* His suspicions were now confirmed. It was evident there was no physiological function by which thread was secreted; *ergo*, the woman has been simulating a queer disease, in order to obtain opium. Such was the fact. She manufactured the balls out of dough, colored them black with an infusion of maple bark and copperas, then stuffed them into her vagina, sent for the physician to extract them, and plead for opium to quiet the nervous "agitation of such a travail."

She practised this ruse for *ten years*, by which means she had for so long a period obtained happiness by the lump.

In one instance, when called to relieve her, the doctor found a long roll of "composition" lying alongside her thigh, about as long and thick as the forearm, which she said she had brought away herself. "I can always get the long ones away myself," she said, "but the little ones I can't. I can feel *them* coming down, as *cold as mud.* Sometimes the long ones break, then, oh, doctor, I have so much

trouble and pain, that it ain't no use trying. It takes a week for my womb to get full; and its always soft at first, but after awhile the water runs off, and leaves the hard stuff—as cold as mud; and it makes me have fits sometimes."

The amusement now wearing out, the physician told her she would have to remove her own dough babies. She now found that her narcotic supplies were to be cut off by this turn of affairs, and fell upon another method. She sent for the physician, saying that she had "falling of the womb." The doctor found what she called the "womb" extending half way down the thighs. "Oh, it must be *returned*, by all means," said he. So getting a firm hold of her womb, and bracing his shoulder against her knee, he made a sudden jerk, and away it came! Good heavens! did the man tear away her uterus? He pulled the thing out from under the bedclothes, and examined it. It proved to be a *bullocks rectum*, with one of her long rolls of dough in it, which she had run up into her vagina. "Oh! my God!" she exclaimed, "I'm caught again! To hell with my luck! I'll give it up, now. I swear I'll do so no more."

No more trouble was had with her afterwards, she was furnished with a little opium, in diminished doses, and in course of time her bad habit was broken up.

Removal of a Very Large Calculus by the Operation of Lithotomy upon a Girl four years old.—A successful case of lithotomy is reported by Dr. Paul F. Eve, in the Nashville *Journal*. Dr. Eve gives an account of the symptoms in the case during the three years of the child's suffering, which were such as to induce the belief of the existence of stone in the bladder. A small size double lithotome passed through the urethra touched the calculus in the bladder; its blades were then sprung, and incisions made in withdrawing the instrument, so that the orifice of the urethra was cut as little as possible. The finger, and then forceps were gradually introduced into the bladder, the stone seized, but its size prevented its extraction through the opening made. With a bistoury this was enlarged toward the clitoris, and then downward very carefully to avoid cutting through into the vagina. A calculus of an oval shape was now removed, measuring five inches in its greatest circumference, and weighing an ounce and two grains.

The patient was recovering rapidly after the operation.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, APRIL 28, 1860.

NEW AND IMPORTANT ARRANGEMENTS.

It is our happiness to be able this week to announce some new and important permanent arrangements, which will be vastly to the advantage of the REPORTER and its large and daily increasing number of readers. The professional engagements of the editors have prevented their giving the personal attention to many of the minor editorial and business details of the office, which was needed to avoid the frequent occurrence of proof errors, and some occasional irregularities of arrangement, variety, etc., besides the difficulties arising from a want of systematic management of the rapidly increasing business affairs of the office. To meet these various wants, we have effected the following arrangements:

1. DR. CHARLES F. J. LEHLBACH, formerly of Newark, N. J., and more recently of New York city, enters our office this week, in the capacity of assistant editor. He will devote his whole time and energies to his duties, in the office, at 108 South 8th Street, until more eligible and roomy quarters are secured. He will aid the editors in preparing matter for the REPORTER, in selecting, classifying and arranging the material that is offered, in taking reports when necessary, and finally in proof reading and overseeing the prompt issue of each weekly number, and its early delivery to city subscribers and to the mails.

To the readers of the REPORTER for the last six years, in both its monthly and weekly forms, it is unnecessary to say anything of Dr. Lehlbach's qualifications for this post. To our more recent subscribers, we will only say that we regard them of a high order, and that we consider ourselves fortunate in being able to secure his services.

2. The financial affairs of the REPORTER have been confided to a competent person, who will take a personal interest in their careful management, the editors still retaining their proprietary connection with the work, it being a part of their policy that it shall be entirely in the hands of the profession.

3. We have, finally, made very complete arrangements for obtaining verbatim (phonographic) reports of clinical lectures, debates, and other matters of general interest to the profession in this city and New York. In this city DR. J. SOLIS COHEN, and in New York, Dr. R. E VAN GIESON, will devote themselves to this department of labor. These gentlemen are known as intelligent and energetic members of the profession, and our readers can rely on obtaining through them regular weekly instalments of *select* and valuable clinical reports and medical society debates. The debates before the Philadelphia County Medical Society will be furnished, as heretofore, by DR. WM. B. ATKINSON, the secretary of that society.

Besides the above arrangements, we have effected others with prominent writers, who will employ their pens from time to time on the REPORTER.

Altogether, the arrangements announced above will add greatly to the interest and *practical value* of the REPORTER, and we confidently look to our readers to make the work known to their professional friends, and thus aid in extending the circulation of a journal whose earnest aim is to elevate and advance the interests of scientific medicine.

COUNTRY STUDENTS.

In previous articles, under the heads of "Village Clinics," and "Preceptor and Student," we indicated some of the opportunities for elementary instruction which might be turned to immediate account by medical students in country towns and rural districts. We had so far opened out the subject, as to show, beyond question, that a student, although he may be absent from a great city, and deprived of the many facilities which it offers in hospital clinics, and in both public and private instruction, yet he is not therefore necessarily restricted to a course of desultory reading, and compounding the prescriptions of his preceptor, and sometimes visiting a patient of the latter. On the contrary, his studies may and ought to be as methodically continued as if he were in attendance on lectures. The subjects will be different, or rather the mode of dealing with them will vary from those to which his attention is more especially directed in a formal collegiate course. But the circumstances in which he is placed, and the objects by which he is surrounded are such, as both to excite and to gratify curiosity on some of the branches of medicine, and to show the relations of practical requirement to scientific explanation. Proofs of this assertion were furnished in our pointing out how clinical medicine and diagnosis could be learned in an ordinary poor-house, and how practical lessons in chemistry and materia medica were obtained in the shop of a country physician.

To-day we invite the student abroad to enjoy the beauties of Spring, which Nature, in regions to the south of us, has already lavished with a prodigal hand, and of which, in more milder latitudes, we are just beginning to have a glimpse. Not for relaxation alone, nor for mere sensuous enjoyment, however, do we ask the youthful disciple of Esculapius to bear us company. It is that he may, while admiring and luxuriating in the charms of Nature, acquire the habit of communing also with her, and seek for a revelation of her secrets, analyze her works in detail, and see how they harmonize with each other in classes. In strolling through fields and woods, he meets, at every step, with some object of interest, in the vegetable beauties of grass, flower, shrub and tree. We will suppose that for the moment he leaves unnoticed the mineral and animal kingdoms. He cannot fail to note resemblances among some, shades of difference and broad contrast among others of the productions of the vegetable kingdoms; but, if he continue his walk, he meets with such a succession and increase of these characteristics, that his attention begins to flag—he feels that his memory will soon be at fault in not helping him to a recollection of the several objects of which he has taken a panoramic view. He begins to ask himself: what are the points of resemblance, what those of difference, and, as a natural consequence, he feels the necessity of dividing and arranging his gathered trea-

sures, and almost before he is aware of it, he begins the work of classification.

It is now that the thoughtful student will discover that he is an amateur of Botany; but he will covet something more than a vague sense of the treasures of this department of natural history, and will seek for an instructor to guide him in the newly opened path. Perhaps his preceptor has the requisite knowledge, at least of an elementary kind. Failing in this quarter, the student will turn to a work on Botany and Vegetable Physiology. He soon learns the peculiarities of structure of the several parts of a plant, with all of them before him, and finds little difficulty in appreciating at once the nature of the function discharged by each part—roots, leaves, bark, etc. In a week he will be able to master the outlines of the sexual system of Linnæus, and to exhibit specimens of each of its classes and many of their orders. The natural method of Jussieu demands more time and continued observation of the entire vegetable kingdom; but the study of each day makes that of the following easier, and the learner, while thus studying closely the physiognomy of plants, acquires a precious habit by which he is greatly aided in noting the physiognomy of the sick and the suffering. A knowledge of this kind of reading constitutes tact, which takes the place often of more elaborate diagnosis, and after a while passes almost for intuition.

In studying the elementary tissue of plants, which the student in the country can prosecute with entire ease and abundant facilities at his command, he will appreciate at once the analogy if not identity of elementary vegetable with elementary animal histology. The now dominant cell theory of the generation, growth and development of animal organisms was the result of observations and experiments, made in the first instance, on the intimate structure of vegetables. Schleiden's researches and discoveries in the latter department preceded, and to some extent gave rise to, those of Schwann in the former. So, also, the phenomenon of endosmosis and exosmosis, as laid down and explained by Dutrochet, were first noticed by him in plants; and they have furnished the most plausible explanation of the absorption and progression of fluids in cellular and parenchymatous structures, without the presence or aid of vessels properly so called. Aided by a knowledge of vegetable histology and physiology, the student is well prepared to survey the whole field of general physiology, and to enter into the details of special human physiology with its multiplied relations to hygiene and therapeutics.

ANTHROPOLOGICAL SOCIETY.—FOSSIL MAN.

A society, under the name of the Anthropological, has been lately organized in France, and bids fair to be a large and efficient body. As might be expected, a goodly number of its members are physicians, who rightly believe that they are concerned in whatever relates to man. Ethnology will, of course, occupy a conspicuous share in the proceedings of the new society, which, in its general range of subjects, bears a close resemblance to the Biological Society of Philadelphia: itself an ally or rather offspring of the Academy of Natural Sciences

Several sittings of the Anthropological Society have been taken up with a discussion on the oft-debated point as to the reality of a fossilized human body. The text, this time, was in the form of a communication from M. Georges Pouchet, a notice of which we find in a late French journal.[1] The authority of Cuvier has hitherto been adduced as conclusive, in justifying the opinion that man was created at a recent geological period; and subsequently to the existence of those animals and vegetables which are found in a fossil state in the more ancient strata of which the earth is composed. Various palœontological studies have been engaged in, with a view of subverting this creed, which, to use the language of Buffon, regards man as the last and most perfect work of the Creator. But, so far, they have not led to any definite result, in the way of demonstration and proof. It is true, that in certain caverns

[1] Archives Generales de Médecine, Mars, 1860.

in France, human bones have been found, together with those of animals which have disappeared from the soil of France.

The discussion, on the occasion, turned on the discovery of M. Boucher de Perthes, who has made numerous excavations in the gravel pits of Abbeville, and who has found, in deposits called *diluvium*, articles made of silex, vestiges of the work of man's hands, which would seem to furnish evidence of his existence at an epoch anterior to the last geological period. The announcement of these discoveries of M. Boucher were at first received with incredulity, but they have been since fully confirmed both by English observers, who visited the spot for this very purpose, and by M. Georges Pouchet.

It has been asked whether the excavations are really of diluvial deposit? Without answering this question, in a direct manner, we may content ourselves by saying, that, in this stratum, bones and teeth of elephants have been found, and that man existed at a time when these animals inhabited the north of France. Taking into view the discoveries of M. Boucher de Perthes, in connection with those of human bones found in the fossil state in some caverns, such as those opened out two years ago in the Pyrennees by M. Fentan, we may look for a solution, before long, of the problem as to the reality of a fossil man.

GROUNDLESS APPREHENSIONS.

We observe some mysterious hints in a portion of our exchanges about apprehended trouble at the approaching meeting of the American Medical Association, arising from inquiries into alleged improper influences exerted by the faculties of certain Southern medical schools to induce students to secede from northern schools. We can assure our readers in all sincerity, that as far as the faculties of the Philadelphia schools are concerned, we do not think that there is the slightest ground for any such apprehensions. We have always supposed that "influence" was used to induce students to secede, but we are far from supposing that it was done by the faculties of any schools. They but opened their doors to admit what was freely offered them, and we are not prepared to blame them for that. We believe that whatever "influence" was used, was by parties north of Mason and Dixon's line. It is doubtful whether the subject will be referred to at all in New Haven, except in casual conversation. Certainly there is no intention, as far as we are informed, to carry the subject from this city to the Association.

News and Miscellany.

Periodicity.—We have sometimes written, and often meditated, on the (for the most part) hidden causes of the periodicity of the functions of the animal organism, manifested by alternate activity and repose in their physiological condition, and by alternate paroxysmal excitement and remission, or intermission, in their morbid or pathological state. This alternation is at all times more manifest in the functions of animal life or of relation—those governed by the cerebro-spinal nervous system—than in those of organic or nutritive life, which receive their chief nervous supply from the ganglionic or sympathetic division. Using a word, which explains nothing, but is only the expression of an ultimate fact, naturalists and philosophers commonly attribute the periodical movements of animals to instinct, which is supposed to be excited into action by the physical causes by which they are surrounded. The following passage, from the *British Quarterly Review*, in an article on Tennent's account of the Island of Ceylon, affords a pleasant and, in degree, a new picture of the regularly recurring movements of animals of nearly every class and order:

"Amongst the many striking observations he makes upon the multitudes of living creatures, of whose habibts he has collected the fullest particulars that have yet been published, we may particularly note the following circumstance—that there is 'a degree of order in their arrangements, almost a system in their hours of appearing and retiring, that serves, when experience has rendered them familiar, to identify each period of the day with its accustomed visitants, and assigns to morning, noon, and night, their peculiar symbols.' The fact pointed out in this passage prevails generally in other countries, but less marked as to regularity than in Ceylon, where the distribution of time and movement seems

to be so exact, that we might suppose it to have been enacted by the parliament of birds, beasts, reptiles, and insects, in solemn conclave assembled. At the first blush of dawn, the nocturnal birds speed back to darkness; and the jackal and the leopard, the elk and the elephant, withdraw into the depths of the forest. Of the tribes that now awaken to life, first come the butterflies, infinite in number and variety; then follow swarms of vivacious bees, followed slowly by golden beetles, clambering over the dewy leaves. The order of the birds scatter to the winds our English poetical theories about larks at heaven's gate singing. In Ceylon, it is the crow that does morning duty for the lark; and, after he has set the example, bevies of screaming paroquets fly up out of the woods, and the great awkward wings of the cranes and waders may be seen flapping seaward from their breeding places. The first singing birds of the day are the yellow oriole and the dial-bird; after these, come the jungle-cock and wood-pigeon, with a miscellaneous disturbance amongst swifts, swallows, bulbuls, sunbirds, and the rest, until the whole ornithology of the country is in motion. We must now endeavor to imagine all living things abroad in the morning light, pursuing their usual avocations, and giving out their usual demonstrations in the way of hum and buzz, and song and scream, and drum-beating, all rampant and eager after their prey. For five hours, this din and bustle continue. Noon now approaches, and the sun is about to mount the meridian. There is not a creature amongst them, from the tiniest speck of breathing apparatus on the surface of a pool to the soaring falcon mounting right in the sun's eye, that is not conscious of what is coming. Almost at the same moment they all disappear, and the universal uproar ceases. The buffalo steals to the water-courses, to subside into the mud and sedges, the deer cower under the tangled tracery of the jungle, the cattle pant in their sheds, the dogs lie prone on the ground, and man, following the common instinct, suspends his toil, and seeks repose. All is as still as the grave during the meridian heat; 'silence,' says Sir Emerson Tennent, 'reigns so profound, that the ticking of a watch is sensibly heard, and even the pulsations of the heart become audible.' As the sun declines, nature again begins to stir, and gradually the entire world of life is once more in active operation. At length the sun sinks, and, as darkness is setting in, some prepare to retire for the night, while others, amongst whom the hawkmoths and night-jars are conspicuous, exhibit considerable activity in turning the brief interval to account, by a voracious pursuit of the insects that yet loiter in the deepening shade. It is now midnight. Bats and owls and palm-cats stealthily emerge from the recesses of the woods, and glow-worms and fireflies light their green tapers on bush and bank; while, within the hollows of the forest, the great creatures that haunt its depths resume their ordinary rounds."

Medical Men as Missionaries.—The *Medical Times and Gazette* says, that at a recent "Missionary Conference" at Liverpool, Dr. Lockhart, of Liverpool, late a Medical missionary in China, in an interesting speech, recounted his experience in China. He spoke highly of the system of employing Medical gentlemen as missionaries; its success in China had been marked and satisfactory. He had been in the North of China, where the face of a European was almost an object of fear and surprise, but alone he had succeeded by degrees in winning the confidence and affection of the natives. Surgery was in a low state in China, so that a properly-qualified Medical man soon obtained great influence. At Shanghae he opened an Hospital, which was attended by 300 or 400 natives—at one time by the wounded pirates, Imperialist soldiers, and citizens together. His introduction of vaccination opened the houses of the influential to him to an unexpected degree.

Fees of the English Poor-law Medical Officers.—A bill which is before Parliament to raise the fees of the Poor-law Medical Officers, proposes to make them "2 s. 6 d. without medicine, or 3 s. 6 d. with," for attention to the cases as they present, the average duration of illness being twenty-two days!

The Deodorization of the Thames is to be attempted by the use of the perchloride of iron. Five thousand gallons daily will be required. The cost will be about one hundred and forty thousand dollars.

Drs. D. H Agnew and C. Pendleton Tutt have been appointed delegates from the Philadelphia Hospital to the American Medical Association.

The Proportion of Physicians to the People is, in the Austrian Empire, one to one thousand; in France, one to every two thousand.

Dr. Edward Warren, of Edenton, N. C., Editor of the North Carolina Journal of Medicine, has been appointed to the chair of Materia Medica and Therapeutics, in the University of Maryland, at Baltimore.

The German Hospital Scheme.—The project of a German Hospital, which has been previously noticed, is still being agitated.

The Germans of this city have the wealth and spirit, if they be united, to accomplish effectually such a design; but this attempt does not meet with sympathy among those whose influence and liberality are most essential to the substantial establishment and endowment of a hospital, and the German press do not appear to view it with favor.

In a medical aspect, the affair cannot, we regret, be favorably considered; and we have sufficient faith in the powerful influence of the professional masses to feel confident that nothing, in a professional way, can succeed which meets with their disapproval.

Pneumonia in London and Dublin.—The *Dublin Medical Press* says, that the deaths from pneumonia in London number from one hundred and thirty to a hundred and fifty weekly; but that in Dublin a death from that disease is of rare occurrence.

Death of M. Marc d'Espine.—(From the *London Lancet.*)—Most medical men, and especially those who take an interest in vital statistics, have heard of M. Marc d'Espine, of Geneva, whose indefatigable labors have brought to light so many facts of the greatest importance to medical science. This very useful member of our profession has just died of a chronic intestinal affection, and will be greatly regretted, not only by his own countrymen, but by all the cultivators of our art.

The Summer classes.—The number of medical students now in this city is much greater than ever before at this season. The clinics at the colleges and hospitals are remarkably well attended, and the private courses are receiving an encouraging patronage.

Propylamin not a New Remedy.—An old book called "Wonderful Secrets of Medicine" gives the following receipt:

"For rheumatic pains take some of the oil that swims on the top of a cask of pickled salmon, and rub it on the parts affected; and, in two or three days' application, it will effect a cure."

Answers to Correspondents.

Drs. J. & J., Del.—Your number was forwarded immediately. We have sent a duplicate.

Dr. T. Culpepper, C. H., Va.—The REPORTER has been regularly forwarded since you subscribed, directed, however, to Dr. G. R. *Fowles.* If you do not find them at the P. O., write us what numbers are missing, and we will replace them.

COMMUNICATIONS RECEIVED.—*Alabama*, Dr. John R. Slaughter, (with encl.) Dr. E. H. Sholl, (with encl., for Drs. Kerr & Masengale of Miss.)—*Arkansas*, Dr. J. D. Grafton (with encl.)—*Delaware*, Drs. Jump & Jones—*Florida*, Dr. S. W. Moody, (with encl.)—*Illinois*, Dr. P. Gregg, (with encl..) Dr. W. H. Wilmot—*Iowa*, Dr. I. Langer (with encl.)—*Kentucky*, Dr. Preston Ramsey, (with encl.)—*Louisiana*, Mr. A. W. Poole, Dr. Geo. C. Elmer—*Massachusetts*, Dr. Geo. W. Snow.—*Mississippi*, Dr. W. Spillman—*New York*, Dr. Ch. F. J. Lehlbach—*Ohio*, Mr. H. Beihn, Dr. M. Gerhard, (with encl.)—*Pennsylvania*, Dr. J. L. Stewart, (with encl.,) Dr. W. W. Walters, (with encl.,) Dr. Sam'l Young, (with encl.,) Dr. J. N. Sniveley, (with encl.,) Dr. R. H. Muth, (with encl.,) Dr. D. W. Cadwallader, (with encl.,) Dr. H. E. Raub, (with encl.,) Dr. B. M. Collins—*South Carolina*, Dr. Geo. Caulier.

Office Payments.—Dr. J. A. Draper, (of Del.,) Dr. J. W. Massey, J. M. Migeod, (adv.,) Phila. Med. Association for Med. Instruction, (adv.,) Dr. H. Lenox Hodge, Dr. W. C. Roney, Dr. H. S. Jacoby.

MARRIAGES.

ANDREWS—WHITE.—In New York, on Monday, April 23, by Rev. Dr. M. S. Hutton, Jarvis M. Andrews, M. D., and Mrs. Clara P. White, all of N. Y.

CASE—IRWIN.—In N. Y., on Thursday evening, April 19, at the Central Presbyterian Church, Broome street, by Rev. A. A. Wood, D. D., J. Havens Case, M. D., and Marion K., daughter of Andrew Irvin, Esq., all of N. Y.

BYRNE—O'CONNOR.—In Brooklyn, on Monday, April 23, at the Church of St. Charles Borromeo, by Rev. Dr. Pise, John Byrne, M. D., and Mary Winifred, only daughter of the late William O'Connor, all of Brooklyn.

TO PHYSICIANS.

WANTED, A PARTNER IN THE PROPRIETORSHIP OF an Institution, and a large Practice connected therewith. To a well-qualified Physician, who can furnish $3,000, this offers unusual pecuniary and professional advantages.

Applications to be addressed to

WILLIAM LEWIS, M. D.
Care of J. H. Rosenbaum,
Box 3,219, New York, P. O.

PHILADELPHIA HOSPITAL.

MANY IMPORTANT WORKS ARE MISSING FROM THE Medical Library of this Hospital. Persons having volumes out, will please return them, or any one capable of giving information regarding missing volumes, will oblige by communicating with the undersigned.

S. W. BUTLER, M. D., Librarian.

April 28, 1860.

WANTED.

SEVERAL PERSONS TO TRAVEL AS **AGENTS** TO obtain subscribers for this Journal. Students or young graduates would find this pleasant and profitable employment, as we allow a liberal percentage for new subscribers, and the exceedingly practical and popular form and low price of the REPORTER, will induce most physicians to subscribe to it if called upon.

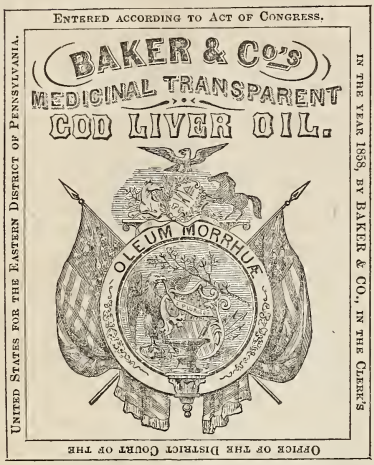
None need apply without good recommendations. Address the Editors.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

The most Reliable, Efficacious, and Scientific Remedy for

CONSUMPTION, SCROFULA, DEBILITY, &c.


ENTERED ACCORDING TO ACT OF CONGRESS.
IN THE YEAR 1858, BY BAKER & CO., IN THE CLERK'S
UNITED STATES FOR THE EASTERN DISTRICT OF PENNSYLVANIA.
BAKER & Co's
MEDICINAL TRANSPARENT
COD LIVER OIL.
OLEUM MORRHUÆ
OFFICE OF THE DISTRICT COURT OF THE

which, from its long established and well-tested reputation for purity, freshness, uniformity of character, and superiority of its mode of preparation, from the most eminent of the medical profession throughout the country, the distinguished faculty of the oldest and best medical colleges, the University of Pennsylvania, and thousands of invalids—claims the patronage and confidence of all who desire the advantages of a superior and genuine article.

As the value of this remedy depends solely on its genuineness, invalids should be careful to take only that of undoubted reputation, as its qualification cannot be ascertained by observation.

For testimonials, see the pamphlets accompanying each bottle, and be sure to procure only "J. C. BAKER & CO.'S PHILADELPHIA COD LIVER OIL," which is to be had of all apothecaries, and from the proprietors.

BAKER & CO.,
175 154 North Third Street.

TRUSS
AND
BRACE DEPARTMENT,
CONNECTED WITH
NEEDLES' PHARMACEUTICAL STORE,
12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

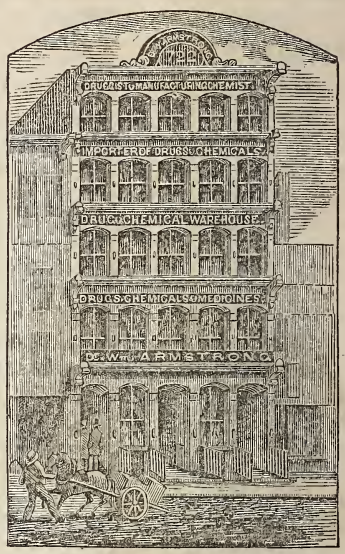
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection witha bove, with flattering results. 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.


DRUG & CHEMICAL MANUFACTURING ESTABLISHMENT
IMPORTER OF DRUGS & CHEMICALS
DRUG & CHEMICAL WAREHOUSE
DRUGS & CHEMICALS & MEDICINES
DR. WM. ARMSTRONG

Also a General Assortment of Concentrated Medicines, from the Laboratories of MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut.	2 to 5	1 50
Alnuin	Res. Rd. Neut.	2 to 10	75
Apocynin	Rd. Res. Neut.	½ to 3	2 00
Asclepin	Rd. Neut.	1 to 5	1 50
Baptisin	Res. Neut	1 to 8	1 00
Barosmin	Res. Neut.	1 to 3	2 00
Caulophylin	Rd. Neut.	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut.	2 to 5	1 25
Chimaphilin	Res. Rd. Neut.	2 to 5	1 00
Collinsonin	Res. Neut.	2 to 5	2 00
Colocynthin	Rd.	½ to 2	2 00
Cornin	Rd. Neut.	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut.	1 to 3	3 00
Cypripedin	Rd. Neut.	2 to 4	1 00
Digitalin	Rd. Alk. two Neut.	⅛ to ½	1 50
Dioscorein	Res. Neut. M. R.	2 to 5	1 50
Enonymin	Rd. Alk. Neut.	1 to 4	2 00
Enphorbin	Rd. Neut.	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk.	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk.	2 to 5	1 50
Fraserin	Res. Neut. and M. R.	2 to 10	1 00
Gelsemin	Rd. Alk. Neut.	¼ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd. Neut.	3 to 8	2 00
Hamamelin	Res. Neut.	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut.	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut.	⅛ to ½	2 50
Irisin	Res. Rd. Alk. Neut.	1 to 3	1 00
Jalapin	Res.	2 to 5	1 50
Juglandin	Rd. Neut.	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut.	2 to 5	60
Lupulin	Res. Rd. Neut.	1 to 4	75
Lycopin	Rd. Neut.	1 to 4	1 00
Macrotin	Rd. Alk. Neut.	½ to 2	60
Menispermin	Rd. Alk. Neut.	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut.	½ to 3	1 00
Podophyllin	Rd. Alk. Neut.	½ to 3	60
Populin	Rd. Neut.	2 to 5	50
Prunin	Rd. Neut. Amyg.	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to and sent to all parts of the United States, by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Phil'da.

J. M. MIGEOD,

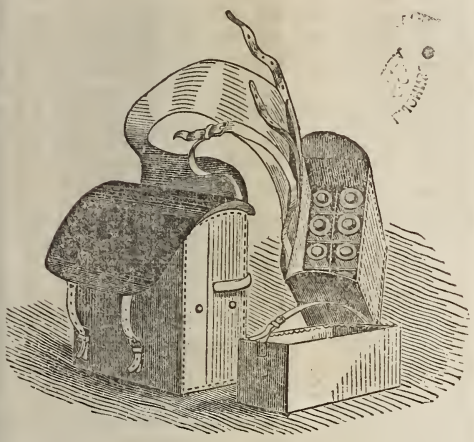
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50
No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50
No. 3, containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " 9 50
No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottles,
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" 4 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition.) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,
Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116. t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

ELECTRO-MAGNETIC AND MAGNETO-ELECTRIC MACHINES,

AND TELEGRAPH REGISTERS

Receiving Magnets, Keys and Zincs,

MANUFACTURED AND FOR SALE BY

W. C. & J. NEFF,

No. 3½ SOUTH SEVENTH STREET,

PHILADELPHIA.

HUSBAND'S

ISINGLASS ADHESIVE PLASTER.

THIS PLASTER has been found to be admirably adapted to strapping after surgical operations, and as a dressing to either incised or lacerated wounds. It is cleanly, of easy application, adheres firmly *without producing inflammation*, and being semi-transparent, allows of an examination of the parts without their having to be disturbed by its removal, until, in many instances, the cure is effected. This Plaster is not affected by age, and will bear exposure to any climate.

Professor MUTTER, in his late edition of Professor Liston's Lectures on Surgery, &c., remarks that "the Isinglass Plaster, referred to by Mr. Liston, is exceedingly well made by Mr. Husband, of this city; and for some time past I have almost abandoned the use of the old adhesive plaster of the shops, which often, in persons of a delicate skin, or children, produces troublesome irritation."

For sale by the Druggists, and by

T. J. HUSBAND,
173 N. W. Cor. Third and Spruce sts., Philada.

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS,

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P. . . . $0 37½
Aloes et Assafœt: U. S. P. . 37½
Aloes et Ferri . . . 37½
{ Pulv: Aloes, Socot: ½ gr.
{ " Zingib: Jam: 1 gr.
{ Ferri Sulph: Exsic: 1 gr.
{ Ext: Conii ½ gr.
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
{ Pulv: Aloes Socot:
{ " Sapon: Hispan:
{ " Fruct: Colocynth:
{ " Gambogiæ
{ Oleum Anisi
Anti-bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . 37½
" Comp: (Plummer's) 3 grs. . 37½
{ Calomel
{ Oxysulph Antimony
{ Guaiacum Resin
Calomel et Opii . . . 37½
{ Calomel 2 grs.
{ Opium 1 gr.
Cathart: Comp: U. S. P. . . 37½
Cinchon: Sulph: 1½ grs. . . 50
Cook's, 3 grs. . . . 37½
{ Pulv: Aloes Soc: 1 gr.
{ " Rhei 1 gr.
{ Calomel ½ gr.
{ Sapo Hispan: ½ gr.
Colocynthidis Comp: 3 grs. . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . . 37½
Copaibæ et Ext: Cubebæ . . 37½
{ Pil: Copaibæ, 3 grs,
{ Ext: Cubebæ 1 gr.
Copaibæ Comp: . . . 37½
{ Pil: Copaib:
{ Resin Guaiac:
{ Ferri Cit:
{ Ext: Cubeb:
Fel Bovinum, . . . 50
{ Inspisated Oxgall 2 gr.
{ Powd: Jamaica Ginger, 1 gr.
Ferri (Quevenne's) 1 gr. . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . 37½
Ferri Comp: U. S. P. . . 37½
Ferri Iodid: 1 gr. . . . 50
Ferri Lactat: 1 gr. . . 37½
Ferri et Strychniæ . . . 62½
{ Strychniæ 1-60 gr.
{ Ferrum per Hydrogen (Quevenne's) 2 gr.

PIL: Ferri Valer: 1 gr. . . . 75
Ferri et Quin: Cit: 1 gr. . . 50
Ferri et Strychniæ Cit: 1 gr. . . 37½
{ Strychnia Cit: 1-50 gr.
{ Ferri Cit: 1 gr
Galbani Comp: U. S. P. . . 37½
Hooper (Female Pills) . . 37½
Hyd-argyri, U. S. P. 3 grs. . 37½
Ipecac et Opii, 3⅓ grs. . . 37½
Pulv: Doveri, U. S. P.
Opiii, U. S. P. 1 gr. . . . 37½
Opii et Camphoræ . . . 50
{ Pulv: Opii, 1 gr.
{ Camphoræ, 2 grs.
Opii et Plumbi Acet: . . . 37½
{ Pulv: Opii, ½ gr.
{ Plumbi Acet: 1½ grs.
Quiniæ Sulph: 1 gr. . . . 62½
Quiniæ Sulph: 2 grs. . . 1 00
Quiniæ Comp: . . . 75
{ Quin: Sulph: 1 gr.
{ Ferrum per Hydrogen (Quevenne's) 1 gr.
{ Acid Arsenious 1-60 gr.
Quiniæ et Ext: Belladon: . . 62½
{ Quiniæ Sulph: 1 gr.
{ Ext: Belladon: ½ gr.
Rhei, U. S. P. . . . 37½
Rhei Comp: U. S. P. . . 37½
Scillæ Comp: U. S. P. . . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
{ Pulv: Aloe Scott:
{ Gum: Mastich:
{ Flor: Rosæ
Zinci Valerian: 1 gr. . . 75
GRANULES, Acid: Arsenious, 1-20 gr. . 25
" " 1-50 gr. . 25
Aconitia, 1-60 gr. . . . 50
Atropia, 1-60 gr. . . . 50
Corrosive Sublimate, 1-12 gr. . 25
Digitalin, 1-60 gr. . . . 50
Elaterium (Clutterbuck's) 1-10 gr. . 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr. . 25
" Nux Vomica, ½ gr. . 37½
Mercury Iodide, ¼ gr. . . 25
" Red, 1-16 gr. . . 25
Morphia Sulphate, 1-10 gr. . 37½
" " 1-6 gr. . 50
" Valerianate, ⅛ gr. . 62½
Quinia Valerianate, ½ gr. . 1 00
Silver Nitrate, ¼ gr. . . 37½
Strychnia, 1-20 gr. . . 37½
" 1-40 gr. . . 37½
Veratia Sulphate, 1-12 gr. . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 180, 1y.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 185. } PHILADELPHIA, MAY 5, 1860. { NEW SERIES VOL. IV. NO. 5

ORIGINAL DEPARTMENT.

Communications.

Disease of the Uterus—Degenerated Ovum (?)—Rupture of the Uterus—Internal Hemorrhage—Death.

(Read before the Newark, N. J., Medical Association.)

By Jeremiah A. Cross, M. D.

Of Newark, N. J.

Mrs. W., aged about forty-five years, native of Scotland, had lived in a miasmatic dsitrict, where she and her family had suffered from chills and fever, of which her husband died. She came to this city about three years since, with her four children, in the most indigent circumstances. She was obliged to live in a cellar, suffered from the want of food, and had frequent attacks of her old complaint, the chills. She was much depressed in mind and melancholic. During the past two years, she had occasionally sought my advice for gastric derangement. Her gener health had im proved, yet her mental condition remained the same—desponding and melancholic, so much so that I sometimes thought her decidedly stupid, when inquiring into her case, so slight an account could she give of her condition.

In September, 1859, she was married again. Her husband informs me that she was generally gloomy, but the presence of company would arouse her spirits and make her quite mirthful. She made no special complaints of ill health, except that, occasionally during the last year, she suffered dull pain in the back, "as if she was getting unwell."

On the 23d of March, she went out on some errands, causing her to walk a great deal during the day, more than she was in the habit of doing. She returned home at about 4 o'clock, P. M., and very soon after called upon the lady occupying the floor above her, and made complaint of an unusual feeling of terror; she would not own that she felt sick, only that she felt as if some serious mishap would soon befall her, and again regretted, as she had many times before, during the last two or three months, her condition, she firmly believing herself pregnant. During the evening, this condition of mind passed away, and she spent a more cheerful evening with her family than they had known her to do for a long time—sang some of her native airs and related anecdotes. At about 10 o'clock, she went to bed, without complaining of anything unusual.

Her husband states that she awoke him at about 3 o'clock in the morning of the 24th: she was in great distress, complained of cramps in the abdomen, was on her hands and knees, had an uncontrollable discharge of water before she could get out of bed; a few minutes later, called for the chamber-pot and had an ordinary fecal discharge. In a few minutes, she rose again, with her husband's assistance, and purged quite freely; a short time after, she had another slight evacuation. She thought vomiting might relieve her, and made frequent attempts to induce it by thrusting her fingers into the throat. She succeeded in producing emesis, unfortunately, for it ceased only with her life.

I saw her at about 9 o'clock, A. M. She had an anxious expression of countenance; lips colorless; nose pinched; surface cool; feet decidedly cold; abdomen tympanitic and so tender to the touch, that she would scarcely allow me to examine it. She had constant retching, incessant thirst, but rejected her drinks as soon as she had swallowed them. Pulse almost imperceptible.

Counter-irritation was applied over the entire abdomen, and morphine and calomel administered, in small doses, with the hope of allaying the vomiting; brandy and quinine were afterwards added, but no effects realized from either of these remedies. She gradually sank, the vomiting continuing until the 27th, when she died.

Autopsy twenty hours after death.—Present, Dr. Milton Baldwin and myself. Body well developed, muscular, with considerable adipose tissue; about five feet seven inches in height. No marks or indications of violence externally. Frothy discharge at the mouth and nose. The abdominal walls were carefully dissected to discover marks of violence, if any existed, but none could be found.

The cavity of the peritoneum contained about four pounds of blood, partly coagulated.

The fundus of the uterus was surrounded by coagula, and towards the right side there was a rupture sufficiently large to admit the end of the little finger.

The uterus, with its appendages, was removed. The fundus of the organ, towards its right side, had undergone structural degeneration. The Fallopian tube, on this side, terminates in a small tumor, somewhat crescentic in shape measuring a little over an inch in its long, and about half an inch in its transverse diameter. It is free in the uterine cavity, with the exception of the spot where it is attached by a sort of pedicle to the uterine wall, just where the Fallopian tube terminates. On close examination, it is found that the right tube is pervious, and that its canal leads directly into this tumor. On section, the tumor is found to be composed of a yellowish, striated substance, towards the centre becoming of a darker hue, and resembling coagulated blood. It is enclosed in a membrane of considerable density, which is easily separated from the mass.

There are two or three small, cyst-like tumors upon the peritoneal surface of the uterus, towards the right Fallopian tube. On being laid open, they are found to contain coagula of blood, of greater or lesser consistency, together with disorganized uterine tissue, extending across the fundus in a large cavity, irregular in shape, presenting an appearance as though it had originally consisted of separate cysts, whose septa had ruptured or become destroyed, so as to convert three or more cysts into one. This cavity is lined with a membrane analogous to that which lines the tumor first described. The uterus is somewhat enlarged, presenting the size of one at the second or third month of gestation. Its neck and body are normal. The whole disease is situated in the fundus.

Under the microscope, Dr. A. W. Woodhull, who examined the specimen, found cancer cells, some of them caudate, in the diseased portions of the uterus.

The points of interest in this case are:

1. We have a woman, to all appearances enjoying a good degree of health—surely wanting the appearance of suffering much disease—suddenly dying from hemorrhage into the cavity of the abdomen from a ruptured uterus, caused by disease in the tissue of the fundus.

2. The only indications of the existence of the disease were such as to cause the mother of several children to believe herself pregnant.

3. The disease was limited to the fundus, and evidently connected with the Fallopian tube on one side. Although so-called cancer-cells were found, the cervix, as well as the body of the organ, where malignant disease is most likely to occur, was entirely free from disease.

4. Was this a case of degeneration of an ovum, brought about by pre-existing cancerous predisposition or disease; or did the degeneration of the ovum, from some unknown cause, take place; and was the apparently malignant degeneration but accidental?

——o——

An old medical work contains the following:—"In a fracture of the thigh, the extensors ought to be particularly great, the muscles being so strong that, notwithstanding the effect of the bandages, their contraction is apt to shorten the limb. This is a deformity so deplorable, that when there is reason to apprehend it, I would advise the patient to suffer the other thigh to be broken also, in order to have them both of one length."

Clinical Observations of Cardiac Diseases, with Cases.

By L. TURNBULL, M. D.,
Of Philadelphia.

Of all methods of teaching, that by the aid of clinics is not only the most popular, but at the same time the only way for the teacher to impart, and the pupil to obtain, a thorough knowledge of the disease under observation. Though we may have many and learned treatises on each and every specialty, yet, to gain a practical knowledge of his art, the student must study the various phases of disease—their daily, perhaps hourly, modifications at the bed-side; and, in the case of chronic diseases, he should make repeated examinations of the system and its functions. By this method, many false ideas are excluded from the mind of the student, and he is prevented from falling into numerous misconceptions, which are almost inseparable from a system of theory, etc., with which our text books are so completely filled. In addition to this, there are a variety of minor matters, which become, in the aggregate, of vast importance, and which cannot be described so as to give to the reader any thing but a very crude notion of the reality.

These remarks would refer particularly to diseases of the heart, as may be seen from the numerous conflicting similes given to designate the peculiar sounds heard in certain diseases of the valves, etc. Nature must make her performances in our presence, and the sound once heard—the action once noticed—that instant is the mind impressed; nor will it be readily forgotten.

We have been led to these remarks, preparatory to the detail of a few cases of cardiac affection observed in clinical practice, in the hope of impressing the reader with a full understanding of the importance in which we hold this whole subject. The cases quoted, we hope may prove of benefit to our readers, and possibly certain points may be instructive to some who may not have enjoyed similar advantages for the close observation of these diseases.

Case 1. Mrs. J. Roberts, æt. 77. *Fatty heart; dropsy of the pericardium and general dropsy.* Saw her February 27th. Great sense of weight and oppression in the præcordia; dyspnœa, with a dusky, suffused countenance. She has fallen several times from her chair in a state of syncope; she has oedema of the lower extremities, with a small, feeble, irregular pulse. The patient usually sits through the day with her head bent forward; she has very little sleep, and is unable to lie down in bed. There was noticed some prominence in the præcordia; extensive dullness, reaching from nipple to nipple; pulsations of the heart feeble and almost imperceptible.

During the months of March and April, she was placed under the use of drastic purgatives, with diuretics, and the congestion of the lungs was relieved by cupping, with the application of mustard plasters, etc. For the last six weeks, her pulse has been fifty; the sound was not heard; the dropsy has increased so that she cannot move herself, and two sloughs have formed over the tuber ischii.

May 11th. Pulse fifty; very weak; much oppression; no appetite; unable to swallow.

May 12th, 9 o'clock, A. M. Pulse thirty; almost blind; sensation blunted very much; labored respiration. At 11 o'clock, she died sitting in her chair.

Autopsy, at 12 o'clock, twenty-four hours after death, aided by my friend Dr. J. V. Patterson, Assistant Demonstrator in Jefferson Medical College.

The body was natural in color—the mottled appearance which followed death having disappeared. When cut into, the adipose deposit was about one inch in thickness. Upon opening the peritoneal cavity, a large quantity of fluid escaped. The liver was much enlarged, and projected six inches below the edge of the ribs. On opening the chest, it contained fluid, showing that there was *recent hydrothorax.* The ascites could be accounted for by the pressure of the enlarged liver on the venous system, the fluid having gradually extended to the chest.

On raising the ribs, the pericardium was accidentally opened—its dependent position in the chest causing the scalpel to cut it, so that

the amount of fluid it contained, which was much more than natural, could not be accurately determined. The pericardium was firmly adherent to the ribs in almost its whole length, with deposit upon its surface.

The heart appeared much lighter in color on its surface, as if macerated in the fluid which had surrounded it. On removing the heart, both the ventricles and auricles were discovered to be filled with blood; this was removed, and the heart carefully weighed, amounting to sixteen ounces; it was about three times the size of the patient's closed hand. There was an accumulation of fat between the muscular substance of the heart and the investing pericardium—more especially at the union of the auricles and the ventricles, and along the track of the coronary arteries. Hypertropy existed chiefly in the left ventricle. The thickness of the walls was one and one-eighth inches; that of the right ventricle was one-quarter of an inch; there was no softening, and the structure was healthy in color. The semilunar valves of the aorta had cartilaginous and bony deposit upon them; while the mitral valve was simply indurated and cartilaginous. The lungs were much compressed, and driven high up in the chest, but were not diseased—floating, when removed, freely on the water in which they were placed.

This condition of the valves was not indicated during life by symptoms of very great irregularity, or intermission, except on the day before her death.

The patient was only five feet in height, and measured round the region of the umbilicus, before the removal of the water, four feet and three inches.

Case 2. Henry B. V., æt. 22 years. Hypertrophy of the muscular tissue of the heart; dark hair; sanguino-nervous temperament; has suffered since childhood with palpitation and attacks of dyspnœa, which were generally relieved by the occurrence of epistaxis; but, as he increased in years, these attacks changed to hæmoptysis, which would occur on any very severe exertion. Finding his occupation did not suit him, he changed it to that of house painter. By the use of astringent tonics, his general health was somewhat improved. During the month of August, 1855, just after eating very heartily of watermelon, he had to run a considerable distance, and, upon returning, he suffered a severe attack of hæmorrhage from the lungs, which confined him to the house for several days. From this time, the attacks of dyspnœa were more frequent and distressing. Several days before his present attack, which terminated with his life, he had suffered from bronchial inflammation, much to his distress.

On Wednesday, 17th, he assisted his mother in moving, and made great exertion in lifting heavy articles.

Thursday—weather cold and wind easterly—he walked some distance, but was unable to return, feeling as if he were about to die. On reaching a friend's house, he sent for me. His condition was as follows: pulse feeble; respiration labored; surface cold; cough and expectoration of frothy mucus; heart's action very tumultuous, but obscured by mucous râle. By the use of mustard externally and diffusible stimulants, he was able to be removed; he afterwards took some syrup of ipecacuanha and tartrate of antimony. The mucous, frothy expectoration was soon followed by blood mixed with mucus, and, in spite of the internal employment of plumbi acetatis, digitalis, ol. terebinth., etc., the hæmorrhage increased so as to cause the loss of a large quantity of blood. It gradually diminished, but left him very feeble, with the respiration still much oppressed, and pain at the edge of the ribs, which was relieved by dry cups and sinapisms. He was able to swallow some gruel, and, as he had had no sleep, he took ten drops of tincture of opium, with aromatic sulphuric acid, every two hours, till sleep was induced. Towards 12 o'clock, at night, his extremities became cold, and he died after taking some water.

Autopsy, 11 P. M. — twenty-four hours after death—body natural; skin pale. Upon opening the chest, considerable fluid flowed out; the lungs were dark, and driven into the upper part of the chest; emphysematous

on the edges and in the centre—they cut like liver; very much congested, but when cut out a portion floated in water. There were several ounces of serum in the sac of the pericardium, but no adhesions. The heart was situated in the centre of the chest; fatty on the surface; its cavities filled with blood, which being removed, the weight of the heart was ascertained to be one pound, eleven ounces, and a quarter. The left ventricle measured one inch in thickness, being very much hypertrophied. All the valves were thickened and enlarged, without any calcareous deposit. The liver was enlarged, extending over the stomach, and when cut was found to be very much congested.

The father of this patient died from hæmorrhage in the same sudden manner, and his mother has suffered from a chronic affection of the bronchial tubes for some years.

Case 3. C. R. S., a man aged 84 years, a miller during early life in England, but for many years past an active missionary in this city. He had an acute attack of rheumatism in 1854, and of pleurisy in 1856. In January, 1858, he was attacked with pain in the chest, a short, dry cough, with considerable oppression in breathing, and oedema of the lower extremities; his pulse was intermitting, ninety-five in the minute, with friction sound in the right cardiac region. The treatment, externally, consisted of dry cupping, with the alternate use of croton oil and oil of turpentine over the cardiac region; internally, calomel, digitalis, tartrate of antimony and potassa, opium, with gin, and a nourishing diet. Under this, he improved so much that, by the 27th of February, he ventured out, and was shortly attacked with an influenza. On the 1st of March, the dropical effusion was greatly increased, the difficulty of breathing was very great, veins much enlarged, and an annoying cough allowed him no rest, except when under the influence of anodynes. He used a cough mixture consisting of extract of hyoscyamus, etc., with some relief.

March 4th. Much oppressed, pulse one hundred and fifty, rapid and feeble, mind wandering, and a strong desire to pass urine frequently. The next morning he seemed brighter, and desired to get out of bed. On being assisted to his chair, he stretched out his limbs and died immediately.

Post mortem, March 8th. Oedema of the lower extremities and scrotum. In the examination of the thorax, numerous pleuritic adhesions were found; the pericardium contained about four ounces of serum. The heart was very much enlarged, extending from below the fifth intercostal space on the left side to the inferior border of the first rib on the right side. There were a number of patches of effused lymph both on the visceral and parietal portion of the pericardium. The walls of the cavities of the heart were exceedingly attenuated, especially the left auricle, just between and below the entrance of the pulmonary veins. At this point it was so thin, that, on placing the ball of the index finger in the cavity of the auricle, the papillæ of the skin could be distinctly seen through the transparent lining membranes on the outside and inside of the cavity. The aorta was covered with œtheromatous deposits for a considerable extent, was much increased in breadth, and the arteria innominata was very much enlarged. The aortic semi-lunar valves were extensively ossified, and a complete bony ring encircled the origin of the aorta, similar to the bony ring found in the bullock's heart. The mitral valves were very much diseased, with osseous deposits on the lesser valve, and the other much thickened. The tricuspid valves were very much thickened, especially on the ventricular surface; the pulmonary semi-lunar valves were the healthiest in this heart, but were not free of disease, one being considerably thickened.

——o——

Failure of the Hypophosphites in Paris.—M. Becquerel has tried two series of experiments with the hypophosphites—the first on twenty-five, and the second on forty patients, without benefit. Dr. Churchill also tried the efficacy of the remedy at the Lariboisière, and the result was a failure.

"The Scott County Society and Dr. Langer Controversy." Reply of Dr. P. Gregg, of Rock Island, to the article of Dr. Wilbur, of Syracuse.

To the Editors of the Philadelphia Medical and Surgical Reporter.

In the number of March 17th of the *N. Y. Medical Press*, and republished, with variations, in your journal of March 24th, is an article from the pen of Doctor Wilbur, of Syracuse, N. Y., purporting to be a voluntary defence of Doctor Langer, as against the Scott County Medical Society, in which he essays to prove that my statement —in an article published in a previous number of your journal— "is unreliable as testimony," and that I "lent myself, indirectly, to the services of Doctor Langer's enemies." This is a grave charge—for I do not accept the mitigation "indiscreetly," so kindly proffered by Doctor Wilbur—and should be sustained by better proof than a shallow *non-sequitur* deduced, even as it is, from premises distorted and detached from their legitimate connexions, for the purpose of a pre-determined sequence. I will endeavor to economize your space, and my own time, by eschewing recrimination and personalities—ample justification for indulging in which, is to be found in Doctor Wilbur's article, replete as it is with misstatements, perversions of truth, and a direct charge of collusion on my part—and proceed to make a brief analysis of Dr. Wilbur's logic; and this necessitates a recapitulation of the facts in the case. Dr. Wilbur writes: "He has lent himself, etc., otherwise how should he express surprise that a woman in the early stages of labor, should be seen coming from her kitchen." Where does Dr. Wilbur find an expression of surprise in that connexion? Not in my statement, and no candid medical man would even hint at such an expression of surprise by the merest tyro in the profession.

But I did express surprise at finding a woman—to see whom in consultation I had been summoned—moving about the house, carrying a fœtus in malposition so nicely poised, so exquisitely balanced by Dr. Langer's manipulations, that a few moments, and the use of one hand sufficed to reduce it to a normal position.

Such a performance as that is past my credence. Quis credat! Does Dr. Wilbur? And this is precisely what Dr. Langer professed to have done; for when I objected to his ability to make version in so short a time, and with one hand, he insisted before the Society that he had been gradually rectifying the malposition for three or four days, the lady being in the meantime unrestrained in her movements.

In this article, as published in the MEDICAL AND SURGICAL REPORTER, the better to fortify his case, he varies his language, and says: "How could he offer the fact that the lady was seen in her kitchen, as an evidence that she was not in labor." Now, I never offered the fact as such evidence; and it is a wilful perversion of truth to say I so offered it. But I did offer the fact, and offer it now, as evidence that a man is a fool or knave who professes his ability to change the position of the fœtus in utero, and retain the position he may have gained, from hour to hour, and day to day, while the woman is unrestrained in her movements. Again, Dr. Wilbur says, "He lent himself, etc., etc., otherwise how should he affirm that one who had suffered pain for three or four days, was without a premonition of labor." Does Dr. Wilbur maintain that pains are always a premonition of true labor? The lady says, that when Dr. Langer was sent for, she was in labor. Was she; or did she only suppose it, as Dr. Wilbur says? The sequel proved that she was not. On the occasion of my visit, she had no pains, true or false; no dilatation of the os; no preparatory secretion; not a single premonition of labor. Is a woman's statement that she is in labor, proof that she is so? How much force, as evidence, there is in the lady's letter, I leave to the judgment of practical men in the profession. When a woman tells, from the difference of her feelings, that there is a malposition, that she observed a change in the shape of the abdomen, and that "you succeeded in correcting the malposition to my satisfaction," I beg leave—without intending any disrespect to the sex—to exclaim, fudge!! The statements

of pregnant women, as to their feelings, cannot be relied on much for results. I have rarely attended on a woman in labor, who did not prognosticate, from her feelings, what the sex of her child would be; and I have been called to a lady in this city, who had her nurse on hand, every thing in readiness for the expected little stranger. The event never occurred, she was not pregnant at all, and yet had what she confidently supposed to be pains premonitory of labor at full time.

"He lent himself," &c., says Dr. Wilbur, "else how should he descend to caricature the opinions and conduct of a well-educated physician, who called him in consultation," &c. &c. &c. Dr. Langer caricatures himself by the most absurd pretensions, and I am not responsible if exhibiting him in a garb voluntarily assumed. Is the fact of my being called in consultation, to debar me from entering my protest publicly against, and exposing the most transparent attempt at deception? Am I to be governed solely by mercenary motives, pocket my fee, and with it the insult to my common sense, to say nothing of what little acumen a long professional life may entitle me to claim.

It may as well be stated here, that neither Dr. Wilbur nor Dr. Langer attempts to discredit my statement, and it matters little what the opinion of Dr. Wilbur may be as to its reliability, or otherwise, as "testimony"

The profession, I doubt not, will form a correct estimate of the case from the following uncontroverted statement: I was called upon by a man to visit his wife in consultation. For what purpose is the consultation? To rectify, or aid in rectifying, a fœtal malposition. The doctor has got a sore finger; but he has been manipulating for three or four days, and now, at the time I am sent for, he has so far progressed in the version, that in a few moments, and albeit his disability, he perfects it! What then was the necessity for consultation? But I got there, and was ushered into a room, where the doctor leaves me and meets his patient in an adjoining room. What then? Invites me, of course, to see this *ugly* case, and to aid in determining (for the lady was very fleshy) what the malposition was in correcting it? Not he! He is about to perform a feat in obstetrics, requiring—on the authority of Dr. Elliott, quoted by Dr. Wilbur—"the most accurate knowledge and the nicest discrimination." Yet, after a voyage over the "father of waters," and a tedious ascent of the bluff, I am not permitted to witness one of the most brilliant achievements of modern obstetrical science. Not even asked to *lend* a *hand*, when the doctor had but *one* available; and this disability, too, being assigned as the reason why I was sent for. It is doubtful if the experience of any medical practitioner in the Union furnishes a consultation case like that.

We will suppose Dr. Wilbur called to consult in a given case, as to the propriety or necessity of amputation, and he is left sitting in the next room, while the attending physician performs the operation all alone, and then invites the Doctor to see the stump, and asks his opinion as to the propriety of the operation or its necessity. *Why was I excluded from that room?* Dr. Langer affirms that he had been gradually making version. Would he not, then, be presumed to know the fœtal position at his last visit, previous to the consultation, and that the version was so near completion as to require but slight exertion to finish it? Wherein, then, the necessity for consultation? And if so, why not consult me when I came?

Dr. Wilbur will, probably, be soon called on by his protegé to defend the practice of sending his patients to the shambles to have the reeking intestines of animals applied as poultices, and to endorse the following prescription:

℞ Gallum unum.
Beer-lager, 1 gal. bt. decoct. bib. ad libit.

"The rooster must not be deprived of life in the vulgar way. No blood to be shed, but the life must be squeezed out by grasping him behind the wings, or by a species of garroting."

Is this, too, "caricaturing a well educated physician?" True, nevertheless; and it is the duty of every decent physician, whether

in or out of the Scott County Medical Society, to frown down such "ad captandum" devices.

Now, the truth is—and I appeal to the good sense of every honest intelligent practitioner for its confirmation, after weighing the case—there was no necessity for consultation—no malposition in the case. The alarm of the patient and friends induced the consultation, and Dr. Langer, finding himself cornered, tried to get out of the dilemma by attempting deception on the consulting physician.

But it is said there was no alarm. Oh! no. Dr. Langer said or done nothing to alarm a mouse. How ridiculous! Tell a woman that her babe is transverse or topsy turvy, and fumble over her for three or four days, and then talk about there being no alarm.

It is evident, from the following quotation, that Dr. Wilbur himself had some misgivings as to the existence of a malposition in the case.

"It would be no very serious disparagement (some *little*, would it not?) to Dr. Langer's professional skill, (and, for that matter, of Dr. Gregg's also,) if we also suppose that he, (who?) too, was mistaken as to the nature of the presentation, or the case generally."

In view of this alternative, well may Dr. Langer exclaim "Save me from my friends." Does he accept it? That Dr. Langer, with all his boasted experience, derived from the University and Lying-in Hospital of Vienna, should, after several days manipulation and a boasted final success, rectifying the mal-position to the lady's "entire satisfaction," be mistaken in the nature of the presentation and the case generally. "That's none of my funeral." It is a debatable question for the associate defence. But Dr. Gregg begs leave to say, he would deem it a very serious disparagement to his professional skill, if he was mistaken in the case, either generally or particularly. He could not be mistaken from a want of "nice discrimination," for even if he possessed it, it was of no avail, since either Dr. Langer was mistaken, and there was no malposition, or he had rectified (?) it before Dr. Gregg had a chance to exercise any discrimination at all.

Dr. Wilbur makes me to say, in reply to a friend's inquiry, that "the lady was in good hands." I have a distinct recollection of the inquiry and reply. My reply was, that there was nothing wrong in her case, but the *addendum*, being "in good hands," is a sheer fabrication.

Dr. Wilbur says, "The fact that Dr. Langer himself, for a reason already mentioned, (a sore finger,) requested that another physician should be called in, is conclusive evidence that he acted in entire good faith." And permit me to add, that his conduct, after that other physician got there, in excluding him from the room, while he pretended with *one* hand to finish his version, is very conclusive evidence that he acted in entire bad faith to the consulting physician. Dr. Wilbur says, that in preparing his statement, he is not actuated by any selfish interest. Nor am I; but I have a professional one—an abiding interest, ever prompting me, whether in or out of practice, to maintain the honor of the profession, and to oppose quackery in any and all its protean forms, whether open and avowed, or skulking behind the protection of academic honors, unworthily bestowed.

The ostentatious display of Doctor Langer's University and Military honors is quite irrelevant in this issue. Diplomas and certificates confer no permanently stainless honor; nor abiding graces and when there is a departure from the precepts and practices which should govern the recipients, the higher the honor conferred, the more heinous the transgression. "I have before me, coins of the reign of all the English Georges; good evidence, that they were Kings of England. But who believes that they were so "Dei Gratia."

It is not a very strong proof of innocence to put in a plea of not guilty, ere yet an accusation is made. Dr. Wilbur takes special pains to say, that he wrote his article without consultation with Dr. Langer. I see nothing criminal in such a consultation, if had. But when so earnestly denied, and in connection with the fact of Dr. Langer having visited Syracuse, I do see some evidence that Dr. Wilbur's whole statement bears the unmis-

takable impress of "bogus coin," manufactured in Davenport for circulation, from Syracuse. In conclusion, I would say to Dr. Wilbur, that for the groundless charge of "lending myself," &c. &c., I care naught. Not as a defence of my own reputation, have I written this article, but for the sake of truth, justice, and a profession dishonored. The Scott County Medical Society is fully competent—more so than I am—to meet the puny attack on the conduct and motives of its members, which occupies so large a space in your journal—if, indeed, they deem it worthy a reply. Confiding in the ultimate triumph of truth, and the exposure of falsehood, relying on the rectitude of my own motives, and in the final verdict of the American medical public, I take leave of this subject for the present.

P. GREGG.

Rock Island, April 14, 1860.

Just on the eve of mailing the above, a friend placed in my hands a number of the REPORTER containing a joint article from Drs. Langer and Wilbur. I shall content myself with briefly adverting to one or two points, "et ab uno omnes disce." It is unnecessary to quote in full Dr. Wilbur's erroneous premises and illogical conclusions. Suffice to say, that he bases his conviction of me of "lending myself," &c. &c., on the heretofore admitted fact, that the lady was about the house; but, finding (too late, however) this position untenable, they abandon it, and unceremoniously put the woman *to bed* at the time of my visit.

Read Dr. Wilbur, from page 183 of *Medical Press*, of March 17—your own words: "Several hours after the visit of Dr. Langer, when the consultation was decided upon, Dr. Gregg called in company with him. ☞ The lady was *then up* and about the house." Is comment necessary? Now, take the statement (their own) that several hours after Dr. Langer's visit—Dr. Gregg called with him—and place it in juxtaposition with the following, Dr. Langer's statement, page 8 of REPORTER: "I examined her again, and found the head where I left it at noon, in a *natural position*." How reconcile such unblushing contradictory statements? On my arrival in the *afternoon*, he finds the head in the same position, *natural*, in which he left it at noon, and yet I am sent for in the afternoon to rectify a *natural* position. Dr. Langer claimed, as an item of defence before the society, that he merely finished the version on the occasion of my visit. What tergiversation!

Again, after admitting—nay, using it as an argument to convict me of "lending myself to Dr. Langer's enemies"—the fact, that the lady was about the house, they get her to bed on the occasion of my visit. Will Dr. Langer dare to do himself that which he has, unfortunately for them, induced others to do, to wit—go before an official and make oath that the lady was in bed? 'Tis true, I advocated the veracity of the parties—I did so honestly; but when an oath is made denying a fact of which I was an eye-witness, I have no alternative, disagreeable as it is, but to pronounce it false. I stood face to face with the lady, as I looked through the open door, and even made a slight obeisance of recognition as she advanced into the room adjoining the one in which I was. This has not been denied, until an imperative necessity drove them to it.

Dr. Wilbur says the discrepancy is of no consequence. Is it not? Why, then, not let it stand as at first stated and admitted? When necessary for Dr. Wilbur's argument to convict me of a base act, it was true and of consequence; but when proving the inconsistency of fœtal version with unrestrained movements, it is sworn out of the way, and yet of no account. Very consistent.

There is an effort, by confining the controversy to this case, to make it appear that it was the only charge made and sustained against Dr. Langer. A reference to the action of the society, shows that they did not rely on this exclusively. But, as I am not assuming to defend the society, I merely mention it because Dr. Wilbur gives my statement as the basis of the whole action.

The quibble about the dilatation of the os uteri is a mere "ruse de guerre." Dr. Wilbur knew very well in what connection I used

the expression, that there was no dilatation as the result of the actual presence of labor.

Dr. Langer asserts that the mouth was opened to admit the investigating finger; and Dr. Wilbur puts that forth as proof of dilatation, the result of incipient labor. The quotation from Chailley has no bearing whatever on the case. The dilatation spoken of there is merely passive, and entirely different from the active dilatation of labor. Dr. Gregg is not absurdly sensitive about the means of acquiring information in his profession; but he will abandon it before he will consent to the practice of *making* malpositions, and proclaiming his success in *unmaking* them.

For, using the word "somersault" figuratively—as the most verdant novice in the profession would understand—I am presumed, by another of Dr. Wilbur's undignified quibbles, to be ignorant of the essential principle of the operation; and he proposes to teach me what that principle is.

When in need of professional information on subjects requiring nice discrimination, I prefer to make choice of instructors. It is, to say the least, an impertinence in a man who probably never made a version by external manipulation, to display his re-flexions in the way of instruction. We are not Bœotians out here, living "sub aüre crasso."

Dr. Wilbur cites, as a proof of my want of comprehension, that without any external examination, or auscultation, but with a single examination per vaginam, I assured the parties that *all was right*. What necessity for auscultation or external examination? I was merely the consulting physician, and when Dr. Langer informed me that he had rectified the malposition, which he had left *natural* at noon, my mission was ended. Let us recapitulate, and see how this looks to men of common sense, to say nothing of the profession. Malposition in the forenoon, *natural* at noon. Sore finger, and sends for Dr. Gregg in the afternoon, to aid in rectifying a natural position. Finds it as he left it at noon. Professed before the Society—at the same time to Dr. Gregg—that he finished the version at the time of Dr. Gregg's visit. My examination per vaginam, as requested, was made with a view to confirm me still more in the opinion already entertained, that an impudent deception was being attempted on me.

All was right, and never was *wrong*—"vive la humbug." "Are husbands usually alarmed when the wives are moving about the house?" Why ask the question, Dr. Wilbur? The wife, in this case, in your last manifesto, "was in bed."

Before taking leave of Dr Wilbur, I would suggest, that he and Dr. Langer had better have a more extended consultation, and arrange their discrepancies, and also, that they get up better proof of the unreliability of my statement than their own "ipse dixit." In conclusion, true it is, as Dr. Wilbur says, that operations in obstetrical practice, (and so in other practice also,) may be made the basis of calumnious persecution, etc.; and equally true, nay, more so, that the credulity of pregnant women being unbounded, the obstetrical branch of the profession affords the widest range for the knavish arts of the unscrupulous and *not* over-fastidious practitioner.

I do not care to conceal from others, and cannot from myself, my deep regret that this "scandal" should come upon the profession. But it is not of my making. And, as to motive, I had no personal conflict with Dr. Langer. No professional rivalry. The Mississippi rolled between us, and I hope it will be a perpetual barrier to such obstetrical consultations as that of Mrs. W.

Dr. Wilbur is presumed to know as little of me as I do of him. At the risk of another charge of "flippancy," and even of egotism, I will tell him that I am, as well as Dr. Langer, an adopted citizen of this country. I never was in "Wien," but I started professionally under the teachings of a Cooper, a Collins, a Marsh, a Cusack, a Graves, a Stokes, etc., etc. From such men and their compeers I received my first lessons in medical ethics, and the regard there inculcated for an honorable profession, was not diminished by the precepts of a Revere, Chapman, Pattison, McClellen, etc.

It is the first time in my life that I have been charged with basely lending myself to

the schemes of any man or set of men. My word and credit is good among my neighbors, and I believe I enjoy a fair professional reputation, unsullied by any quackery. If I have, in this communication, used words or epithets which may seem harsh to others, to my own mind there is a justification, in the fact of my name being brought forth from a contented obscurity and branded as infamous, for I take it that a man is infamous who "lends himself" to the bad schemes of others. Nevertheless, should Dr. Wilbur at any time condescend to visit this professionally *benighted* region, it will afford me pleasnre to see him and receive him with what courtesy my rough nature permits; and it might be that a more intimate acquaintance would tend to round off the acerbities of this controversy, and give him a better opinion of the reliability of my statements as "testimony."

P. G.

Illustrations of Hospital Practice.

(Reports of Clinical Service, prepared expressly for the REPORTER, by J. Solis Cohen, M. D.)

PENNSYLVANIA HOSPITAL,

SATURDAY, APRIL 28TH, 1860.

MEDICAL DEPARTMENT.—Service of Dr. F. Gurney Smith.

Chronic Laryngitis.—This patient, an adult male, had been shown to the class two weeks since. The prominent symptom was great dysphonia with partial alteration of the voice. He had been treated by inhalation; 5 grs. of iodine, 10 grs. iodide of potassium in an ounce of water, a teaspoonful being placed in an inhaler half full of hot water, and combined with it, a teaspoonful of the tr. conii, to allay irritability, and quiet the cough. The result was that the secretion became more free, the voice clearer, and the cough was very much alleviated. The amendment not progressing sufficiently, the inhalation was suspended, and a solution of argenti nitras was used from 40 to 60 grs. to the ounce, applied by means of a probang directly to the mucous membrane of the larynx. Under this treatment, the voice has become almost natural, the cough is nearly gone, and the patient convalescing. He had also taken a cough mixture composed of morphiæ murias, gr. 1-16th, ammoniæ murias, grs. ij, and inf. prunus virginiana, fʒj.

Myringitis.—(See REPORTER of April 28th, p. 79.) This patient is very much improved, there is scarcely any pain and very little discharge. The membrana tympani has been destroyed, which has occasioned "rumbling in the ears."

Acute Desquamative Nephritis.—This occurred in a sailor, born in England, æt. 31 years. Six years ago he had venereal disease, but otherwise, has always enjoyed good health. Three months ago he took a heavy cold from exposure to wet, and has not felt well since. Two weeks ago he discovered some swelling of the lower extremities and abdomen, and within 3 or 4 days a diminution in the evacuation of urine. His hands now began to swell, and progressed with more rapidity, than did the lower extremities.

When he came into the house, the extremities were œdematous; there was some œdema of the face, the eyelids and cheeks being puffed; the abdomen was slightly swollen, the cellular tissue as well as the peritoneal cavity. Examination of the urine by the various tests of nitric acid, heat, and a solution of the acid nitrate of mercury, proved the existence of albumen in large quantities, so much so, that in one instance, the test tube seemed to be two-thirds full of this material. There was some pain over the region of the kidneys, and some swelling there. As this appeared to be acute desquamative nephritis, in a strong and healthy patient, it was thought to be a fair case for local depletion; and accordingly, the man was cupped freely over the region of the kidney, with a view to remove the local congestion; and then purged with cream of tartar; (potas. bitart. ʒj, infusum juniperus fʒj, aqua bullient. oj; when cool, to be drank in the twenty-four hours.) Under this treatment, the albumen has entirely disappeared from the urine; the swelling almost entirely gone from the feet, and from the hands; and the face has returned to its natural size. The bitartrate of potassa, has not only acted on the kidneys, promoting secretion from them, but it has also moved the bowels freely, having produced watery stools. The case is convalescing.

Spinal Irritation.—This is in a female 32 years of age, a native of Ireland, living out at service. She has been sick eighteen weeks, and complains of pain and weakness in the epigastric region, and a sense of pain and creeping in the back, which came on in bed without any known antecedent cause. She generally enjoys good health.

This is one of those cases, which, for want of a better name, is called spinal irritation, occurring most frequently in the female, and during her menstrual life, and is attended by some derangement of the uterine function. It is classed among functional disorders of the spinal marrow, but is not connected with any organic change in the organ;

but the radiations of the cord are so extensive, that there is rarely any affection of it, functional or organic, without the distant organs being more or less implicated.

The remedy in this case will be counter irritation. It is directed to place one or two cups over the tender part of the chest, taking away one or two ounces of blood. The bowels are to be kept open by the Pillula aloes et assafœtida, and she is to take ten drops of the Syrupus Ferri Iodidi (L. E. D.) three times a day; and the diet is to be regulated.

Should the application of the cups be insufficient, a blister is to be placed over the part, and the surface kept opened by moderately irritant applications.

The following is a resumé of the cases treated and brought before the class during the service of Dr. F. G. Smith.

Asthma,	1	
Aneurism of the aorta,	1	
Acute Albuminuria,	3	with two lectures.
Abdominal tumor,	1	
Arthritis,	1	
Anemia,	5	with a lecture.
Amenorrhœa,	2	
Bronchitis—chronic	6	with lecture.
Constipation,	3	with lecture.
Congestion of liver,	1	
Cardiac dropsy with valvular disease,	1	with two lectures.
Colic,	1	
Colica pictonum,	1	with a lecture.
Dysentery—acute,	3	with two lectures.
do chronic,	5	
Delirium tremens,	27	with lecture.
Endocarditis,	1	with lecture.
Erysipelas,	1	with lecture on its nature and relations to puerperal fever.
Hepatitis,	2	
Hemiplegia,	2	with a lecture on causes, and on rigidity, early state.
Hypertrophy of the heart,	1	
do with dilatation,	3	with lecture.
Intermittent fever,	5	with lecture.
Intemperance,	4	
Jaundice,	1	with a lecture.
Laryngitis,	1	with a lecture.
Lumbago,	1	
Neuralgia,	4	
Otitis,	1	with a lecture.
Ovarian dropsy,	1	with a lecture on diagnosis.
Pthisis,	14	with lecture on pathology and early signs
Pneumonia (simple)	4	with lecture on chlorides in urine.
Pneumothorax,	1	
Pharyngitis—chronic,	6	with lecture on Diphtheria.
do acute,	2	
Pleurodynia	1	
Pleuropneumonia,	4	
Pneumonia typhoid,	2	with lecture.
Pleurisy,	2	
Rheumatism—acute,	21	with lecture.
do chronic,	16	
Scurvy,	3	with two lectures.
Sciatica,	1	with lecture on thermic treatment and subcutaneous injection.
Spinal irritation,	2	with clinical remarks.
Softening of brain,	1	
Traumatic paralysis,	1	with lecture, and explanation of anæsthesia dolorosa.
Typhoid fever,	2	with lecture on nature, symptoms and treatment.
Tonsilitis,	4	
Tympanitis,	1	with lecture.
	179	Total.

Of these were cured,	85
Improved,	18
Removed by request,	15
Died,	9
Remaining in house,	52
	179

SURGICAL DEPARTMENT.—Service of Dr. Pancoast.

Spontaneous Slough.—(Chronic abscess &c., see REPORTER for April 28th, p. 82.) Notwithstanding the apparent success of the treatment instituted (injection of a solution of chloride of zinc,) the sloughing process having been arrested, on the afternoon of the 26th, there commenced a general hemorrrhage from the upper part of the biceps muscle, from the vessels on the side of the chest next the scapula, and the whole space under the pectoralis major, which became filled with clotted blood. Another ulceration had taken place at the bend of the elbow, exposing the condyles of the humerus. The man was too much exhausted to bear the loss of much more blood. The question arose whether the subclavian should be ligated, and whether above the clavicle, or below it; but this promising too little safety for the patient, it was considered most advisable to amputate the arm at the shoulder joint; which operation was accordingly performed by the process of Baron Larrey. The flap was cut large on the back of the arm, because the material on the pectoral muscle and forepart of the arm had been destroyed. There was no bleeding for 24 hours after the operation; but yesterday there was some little bleeding with discharge of pus. The patient had traumatic (surgical) fever; and has been taking two drops of the strong tincture of veratrum viride (Norwood's) every hour for 4 hours, which has reduced the frequency of pulse from 160 beats to 136 in the minute; and there is depression all over, and a copious, cold

perspiration. The patient is to be well supported by milk punches, beef tea, quinine, &c.

He is thought to be improving.

Blepharoplastic operation in Connection with the Removal of a Cancerous Growth from the Lower Eyelid.—This operation was performed on Wednesday, April 4th, upon the person of a middle aged female. A large cancerous growth was taken from the surface of the lower eyelid. It was an inch and a half in length, and an inch transversely; and it extended up to the tarsal margin of the lid. The lid was restored by cutting a triangular shaped flap from the side of the temple, which was left attached by a pedicle on the side of the cheek, and rocking it over to fill up the space left by the removal of the tumor. The lid now holds its position; and there is very little visible deformity.

Wound of the top of the Lung.—This is in a young man stabbed above the collar bone, he thinks, with a knife. The wound on the surface is an inch and a half long, and was sufficiently deep to wound the top of the left lung. The knife must have had a sharp point, but a dull edge, for it has separated the large vessels in this region, and therefore has not struck the carotid, or subelavian artery, nor the transverse vein. The patient has no cough, and has not spit blood. There has been pneumothorax sufficient to press the heart over to the right side. though there was no general emphysema The heart is still felt at the other side of the sternum. There is extraordinary resonance on percussion, with absence of the respiratory murmur Below, there is dullness on percussion, giving evidence of a liquid effusion, because the sound varies with the position of the patient. This may be consequent on an inflammation spread over the pleural membrane, causing an effusion of serum or pus. Were this an effusion of blood, it should be removed by a puncture; but as it is probably other fluid, it would be unwise to disturb it, especially as the patient is improving from day to day, the lung gradually expanding, auscultation reveals marked egophony.

The wound on the outside has united by the first intention.

This patient was received into the wards on the 18th.

Severe Lacerated Wounds of the Face and Scalp, Fracture of the Frontal Bone, Fracture of the Clavicle, and Separation of the Bones of the Sternum.—The recipient of these injuries, and adult male, of middle age, was brought into the house yesterday morning. He was kicked by a horse sharply shod, and trampled under his hoof. There is an extensive scalp wound on the top and on the back of the head, which has torn off the periosteum and exposed the naked bone. The soft parts of the cheek are torn down on the outside of the malar bone, so as to expose the masseter muscle; the ear is torn from the side of the head, and left hanging by less than half of its lower portion; there is a wound upon the chin, through to the bone, but no fracture of the lower jaw. The principal feature of the injury was the breaking in of the orbital portion of the frontal bone; all the outer wall of the frontal sinus was crushed down, and the inner wall probably injured. Dr. Pancoast cut into the parts and removed all the surface of the outer wall of the frontal sinus, going down to the cavity which was filled with blood. These injuries are on the right side. There is also a broken clavicle on the same side, with a separation of the bones of the sternum, so that the broken clavicle and lower two pieces of the sternum move very much with every respiration. There is risk of a mediastinal abscess. The chest is not to be confined, because of the threatened brain symptoms; for there may have been rupture of some of the vessels in the interior of the brain, or between the dura mater and the bone. The patient lost a good deal of blood, and is in a state of stupor. The pupil is but little contracted. The injured soft parts were approximated by adhesive strips. The patient was disposed to sink, and had to be stimulated. Cold lotions are applied to the head, consisting of equal weights of powdered ice and lard, flattened in a bladder, which will retain the cold for a long time. The patient is to be kept at rest, and his bowels to be kept regular. There is no necessity for anodynes.

JEFFERSON COLLEGE.

Wednesday, April 25th, 1860.

Surgical Clinic by Prof. Gross.

Chemosis.—This is in the person of an adult male negro, a resident of New Jersey, who came to Dr. Gross, some 12 days ago, complaining of an inflamed eye. Upon examination it was found that the cornea had been destroyed in consequence of the violence of the inflammation; the conjunctiva was raised up, and the subcutaneous cellular substance deeply injected. In chemosis the conjunctiva is elevated above the level of the cornea by an effusion of serum and lymph in the submucous cellular substance. This is not always denotive of violence of action, and sometimes accompanies slight degress of inflammation; but it is dangerous, because the effused fluids have the effect of constricting and obliterating the vessels which supply the cornea with nutriment, and to some extent, the iris also. The proper treatment in these cases, consists in making free incisions through the elevated conjunctiva, to give vent to the euffsed fluids, upon which depends the tumefied condition of the parts. The incision is to be carried

completely around the cornea, within a short distance of its circumferance. This relieves the parts and restores the circulation; but, in order to save the cornea, the incision must be made early.

The present case came under treatment too late to save the cornea. The parts were scarrified, and inasmuch as there was considerable inflammation, the patient was bled, and purged with the saline and antimonial mixture, containing veratrum viride. He has been using as a collyrium, a solution of argenti nitras grs. ij to the ounce of water.

The patient, as frequently occurs in cases of inflammation of the eye, complains of hemicrania.

He is improving under the above treatment.

Lateral Curvature of the Spine Accompaning Scrofulous Opthalmia.—This is in a girl four years of age. The curvature is towards the left side. The child walks with some difficulty, and has been indisposed one year. She uses the right limb much better than the left. The curvature is slight, and may be an intercurrent circumstance connected with the affection of the eyes. The eyes have been sore for three months, and were in the same condition last spring, though quite well during the interval. There is photophobia (intolerance of light) and the child forcibly closes her eyelids, which are generally open about 4 P. M., but there is a constant effort to exclude the light.

The child worried and fretted so, that it was impossible to examine the condition of her eyes, but from her mother's description there is opacity of the cornea. She sleeps well, but has a poor appetite, and is subject to cold feet.

Treatment.—For her digestion, was ordered:

Pillulæ hydrargyri	gr. ij.
Rhei pulv.	gr. iij.
Soda bicarb	gr. ij.

to act on the bowels and secretions, and to neutralize any acid which may exist in the alimentary canal.

Every morning, for fifteen minutes, she is to remain in a tepid bath impregnated strongly with common salt, or with carbonate of potassa to render it somewhat irritating, and afterwards she is to be rubbed with a coarse dry towel to excite cutaneous perspiration. The diet is to be chiefly farinaceous, avoiding coffee, and once a day she is to be allowed a little animal food.

As a constant remedy, she is to be given, for the first few days, four times, and afterwards three in the twenty-four hours, the following:

℞.	Quiniæ sulphatis	gr. j.
	Ferri iodidi	gr. 1-16th.
	Morph. sulph.	gr. 1-30th.
	Ant. et potass. tart.	gr. 1-30th.

Sulphate of quinia is the great remedy in scrofulous opthalmia; the iodide of iron and tartar emetic are given as alteratives, and the sulphate of morphia to allay the irritability of the eye.

The eye is to be screened from the light by a green shade, and the child to be kept in a room a little darkened.

Scrofulous Abscess of the Neck.—This was in a married woman of middle age, who has cicatrices on the opposite side of the neck, the result of a similar affection when young. The tumor occupied a position on the side of the neck immediately above the clavicle, and apparently dipping behind it. The skin was discolored and the parts soft and fluctuating, and somewhat painful. The tumor commenced in December last.

It is a disease of the ganglia in this region, involving the lower part of the chain of ganglia over the sterno-cleido mastoid muscle, and has resulted in an abscess.

An opening was made in the parts, and the fluid evacuated. An emollient poultice is to be applied for the first twenty-four hours, and then it is to be covered with a plaster composed of the ammoniacal and mercurial plasters of the U. S. P., a hole being cut in that part to be placed over the point of incision to admit of drainage. The plaster will act as a sorbefacient and diminish the glands by stimulating the absorbents.

The patient is to be put on an alterative plan of treatment by means of

℞.	Ferri iodidi	gr. ss.
	Ant. et potass. tart.	gr. 1-20th.
	Tr. cinchonæ comp.	f℥j.

Given three times a day.

And every fourth night she is to take a pill containing

Pil. hydrarg.
Ext. colocynth. comp. āā gr. iij.

Valgus.—This is eversion of the foot of six months standing, in the person of a young girl, the result of convulsive spasms. There is no defect of the tendo achilles.

In consequence of the convulsions the anterior and posterior tibial muscles of the leg have become paralyzed, the peroneal muscles having gained the ascendancy. The whole limb is atrophied, the muscles flabby, and there is great congestion of the capillary vessels. The limb is cold, the circulation defective, and the innervation very much impaired.

The heel can be brought down very well by manipulation. It may become necessary to divide the peroneal muscles: but for the present the limb is to be placed in a club-foot apparatus, and kept straight.

The child is to take sulphate of quinia and sulphate of iron, and to use the hot and cold douche.

Strabismus, with loss of Sight in the Left Eye.—This is in a lad some 12 or 14 years of age. The affection of the left eye is of 7 years standing. There is a thick opaque spot directly over the cornea, covering about 3-5 of its extent, evidently organized and probably in a measure irremovable; though part may be dissected off to the extent of $\frac{1}{2}$ of a line over the cornea. In two weeks, an attempt will be made to remove some of this deposit.

The left eye seemed the larger and more prominent, and the operation for the strabismus was performed on the straight muscle of the right eye.

Medical Societies.

ESSEX COUNTY, (N. J.,) DISTRICT MEDICAL SOCIETY.

MEDICAL PROPERTIES AND USES OF PHELLANDRIUM AQUATICUM; CONTAGIOUSNESS OF PUERPERAL FEVER; MERCURIAL POISONING.

The annual meeting of the Medical Society of the County of Essex, N. J., took place April 24th, 1860, at Orange, some fifty members attending.

On taking the chair, Dr. C. EYRICH, after some preliminary remarks, read a paper on the "Medical Properties and Uses of the Seeds of Phellandrium Aquaticum, (horse-fennel or horse-seed,) of which we give an abstract.

The Phellandrium Aquaticum belongs in the 5th class, 2d order, Pentandria Digynia, and stands nearly related to Conium maculatum and cicuta virosa. It appears that the seeds of this plant were first used by veterinary surgeons, in glanders: hence probably the name horse-fennel or horse-seed. The first public record of its use in man is found in a Latin treatise entitled "Phellandrologia Physico-medica, Brunsvicæ, 1773, by Arth. Cord. Ernsting; later, one by T. Henry Lange, entitled "The Remedial Effects of Water-Fennel: Frankfort, 1771; and Joh. Ebbings "De Phellandrio Aquatico, Groning, 1802; Otto de Phellandrii Aquatici Charactere Botanico, Francfort, 1793; P. T. Fischer, de Phellandrii Aquatici uso Medico, novis observationibus periculisque comprobato Viteb, 1799; Nebel de Phellandrio cujusque in phthisi purulenta virtutibus, Erfurt, 1802. Since that time, a number of treatises have been written in German, in which this remedy has been recommended, not only as the only reliable, nay, even as an infallible remedy in Consumption. While far from attaching any value to such recommendations, yet I cannot but pronounce this remedy as of great value in the treatment of various pulmonary affections.

The reason why I consider the seeds of the Phellandrium worthy of your attention is especially in the circumstance, that it is capable of producing in the respiratory organs, in the tissue of the mucous membrane, in the small capillary system, and in the nerves of the lungs, changes of a favorable nature, or, in other words, remedial effects, which hardly another remedy possesses, in so peculiar combination and manner.

The most recent analysis of horse-seed is by Herz. He found the following constituents: 1. volatile oil; 2. balsam of copaiba-like, soft resin; 3. resin; 4. extractive matter; 5. gum; 6. lignin and water. According to Berthold, the weight of the extractive matter amounts to one-fourth. It is peculiar that neither volatile alkaloids nor a narcotic principle has been discovered in it.

The action of this remedy is so manifold, that it is difficult to range it under a single definite class. It belongs to the Balsamacea as well as under the Expectorantia. As its effects are limited almost exclusively to the mucous membrane of the respiratory system, we might, in a certain sense, call them specific. Although no special narcotic principle could be found by chemical analyses, yet it has, especially in larger doses, a decidedly sedative action upon the nervous system, which in large doses is increased even to narcotism. In its effects upon the mucous membrane of the respiratory organs, the remedy unites those of the milder ethereal oils, aromatic and narcotic; it not only favors secretion in dry cough, but also diminishes expectoration, when it is too copious. In the same way it favorably modifies the purulent, thick, bad-smelling sputa, changing them in sputa cocta. In consequence of its sedative effects, it controls more or less the accelerated circulation, and its rich amount of ethereal oil and resin increases diuresis, which is soon manifest in increased secretion and thick sediment of the urine. These combined effects are probably owing to the copaiba-like resin, in conjunction with the etherial oil. For it is well known that we possess no agent that acts so soothingly upon inflamed mucous membranes, and at the same time stimulates to diursesis, as does balsam of copaiba. The urine, voided after the use of phellandrium, possesses the violet odor observed after the use of copaiba, but at the same time, also, the characteristic odor of the cicuta family, likened to that of the urine of cats. Dr. Burdach says that he has found the seeds to produce vertigo, heaviness of the head, and symptoms of intoxication, if taken in large and rapidly repeated doses. This observation I have never made, and most of the authors known to me make no mention of this circumstance.

In its effects as an expectorant, the remedy has many advantages compared with others of the same class, f. i., the widely-reputed senega. This approaches, in its action, ipecacuanha; acting, like the latter, it seems to me, upon the pneumogastric nerve, for the dust of it, when inhaled only, excites asthma

and sneezing like ipecacuanha, and its use must frequently be entirely suspended in consequence of emesis, or too great irritation of the mucous membranes which it produces. This is not the case in Phellandrium, though it also seems to act specifically upon the thoracic nerves. The same remarks are true of scilla, which contains a decided proportion of emetin, while its diuretic powers, however, are fully equalled by the Phellandrium. Meihea has made very extended observatians with the semina Phellandrii, and ascribes to them stimulating and sedative effects at the same time; this is corroberated by Sandras. All observations are in favor of the use of this remedy in the following affections:—Dry, excruciating cough in chronic bronchial catarrh, or purulent cough after bronchitis and pneumonia; suppressed expectoration, with sensation of oppression; hæmoptysis, tuberculous processes, chronic asthma. But, as it is impossible that this remedy should always cover the whole complex of symptoms, it is necessary to combine with it other remedies. I will mention some of these combinations which I have found useful.

(*a.*) *In phthisis florida*, with fever and accelerated pulse, with pain in the chest, dry cough, and hæmoptysis, its combination with digitalis, as an infusion, or in the form of powder, is the best. Although it would be fashionable here to substitute veratrum viride for the digitalis, yet I do not find the value of the former article as yet sufficiently well established to be able of recommending it conscienciously.

(*b.*) In the further advanced stages, where spasms of the chest occur with asthma, or dyspnœa, and troublesome irritative cough, its combination with prussic acid is indicated; not, however, the liquid prussic acid, because this, in consequence of the chemical influences of light and atmospheric air, which always have more or less access to it, however well the bottle may be secured, loses its strength and is decomposed; but in the form of cyanuret of potassa as this preparation does not decompose so readily, and may be relied upon with certainty. I have found that about one grain in twenty-four hours is generally sufficient.

(*c.*) Where the expectoration becomes profuse, and is hence exhausting, where night sweats and diarrhœa occur, which empoverish the blood, and the expectoration appears thin, its combination with iron is indicated. I prefer the ferrum carbonicum saccharatum to all other preparations—the one upon which we can most surely rely. Myrrh, in Griffith's mixture, is often badly borne, irritating and oppressing the stomach. The balsamic effect of the myrrh is obtained by the copaiba-like resin of the Phellandrium, and in a milder form; under the use of this combination, the thin, purulent expectoration is changed in its nature, and becomes more consistent and of healthier appearance.

(*d.*) If in consequence of partial paralysis, which generally proceeds from the medulla oblongata, the bronchial secretions cannot be thrown out, where energetic stimulation of the expectoratory process is demanded, it may be given in combination with chloric ether, which acts far more effectually than the liquor anodyn. Hoffm., hitherto used in such cases.

(*e.*) In phthisis, after suppressed cutaneous eruptions—or, as the homeopaths would say, in psora—its combination with dulcamara is a good one.

(*f.*) In abdominal congestion, f. i. hæmorrhoids, with sulphur or cortex frangulæ in infusion.

(*g.*) In bronchitis, the forerunner and companion of phthisis, in combination with sal ammoniae and sulphur aurat. antimon.

(*h.*) Finally, in phthisis trachealis, according to Neumann, with sulphuret of arsenic, (auropigment.) This combination was recommended in a separately published treatise by Massart, of Lyons, 1852; also by Trousseau and Garren, in the Bulletine Therap., June, 1852.

The thanks of the society were voted to the president for his address. After a somewhat protracted debate, as to the interpretation of the rules of the Society, and the present State laws regulating the licensing of physicians, Drs. Winans Smith, of Newark, and Daniel M. Skinner, of Caldwell, were unanimously elected members of the society.

Dr. Wickes, of Orange, then read a paper on the contagious nature of puerperal fever. After reviewing the observations of various authors, from which the contagiousness of the discase is evident, Dr. W. cites several instances that occurred in his own experience. A friend of his, in large and very successful practice in the city of New York, was so unfortunate in his puerperal cases, in consequenee of this fever, that he gave up practice entirely, and went into the country for a while. Since his return, he has had no cases of the disease, and his obstetric practice is as successful as he could wish. In another instance, a physician, having a large practice in one of the cities of the State of New York, met puerperal fever in every case of labor he attended for a number of weeks, all of which were fatal.

Dr. W. concludes: The fact has attracted the attention of all observers, that puerperal fever is more or less concurrent, when epidemic, with erysipelas and low fevers. When these are prevalent, it is an omen of impending puerperal fever. A case, indicative of the identity of these two diseases, came to my notice while I was a student of medicine, and was of so striking a character, that my attention has been thereby attracted to this feature

of the affection ever since. A lady was confined in the house where I resided, and on the third day was seized with child-bed fever; two days after, her nurse was taken with erysipelas, and another nurse was called to her place. In two or three days, the second nurse was taken down with the same disease, and was compelled to leave. A third nurse was obtained, a very stout and healthy woman, who remained with the lady during the severity of her illness; in about three weeks, this nurse was also attacked with erysipelas, of the phlegmonous variety, and barely escaped with her life, after a severe illness of three months.

I am aware that there are those of high authority and large experience, who deny in toto the communicability of this disease; but the facts now detailed appear to me to force upon our notice the very important lesson, that a physician should be exceedingly cautious in his intercommunication with his lying-in patients, if in attendance upon cases of erysipelas or typhoid fever, or when called to a labor after an autopsy. The plan recommended by Dr. Elkington, of changing the dress and sponging the surface of the body, if not absolutely necessary, seems to be called for as a prophylactic against this terrible disease.

Dr. Wm. Pierson, jr., then brought a patient before the society who was affected with *mercurial tremors*, or, as it is called in this vicinity, the "hatters' disease." During the last year, over one hundred cases of mercurial poisoning (all in hatters) have occurred in Orange, and some twenty cases are there at the present time. It occurs only in those who finish soft hats, in the process called by hatters "carrotting" It appears that the stock used in this process contains some preparation of mercury, probably corrosive sublimate, which becomes volatilized when the felt is ironed. Hats have been analyzed, and found to contain mercury.

The disease has been prevailing during the last two years, since which time coarser material for the working of hats has been introduced, which (so the workmen state) requires a larger amount of the deleterious stock.

The phenomena present are those of ordinary slow, mercurial poisoning—ptyalism and tremors. Those working in the upper rooms of the shops are less liable to become affected. The lower down the greater the danger. The youngest patient affected with tremors, observed by Dr. Pierson, was a lad seventeen years of age.

Regarding the treatment, iodide of potassium is the remedy, which is invariably successful, provided the patient keeps off his work. Dr. Pierson has not found very large doses of the iodide necessary. Two grains three times a day have, in his experience, generally been sufficient to break up the tremors, and restore the patient in the course often to fourteen days. In no instance has Dr. Pierson seen ptyalism accompany or follow the administration of the iodide in cases of mercurial tremor.

The following gentlemen were elected officers for the ensuing year:

President: Dr. Milton Baldwin.
Vice-President: Dr. Stephen Wickes.
Secretary: Dr. Hiram H. Tichenor.
Treasurer and Librarian: Dr. W. M. Brown.
Reporter: Dr. Lott Southard.

The society, after transacting some miscellaneous business, set down to a well-provided dinner; after which they adjourned.

EDITORIAL DEPARTMENT.

Periscope.

New Experiments and Observations on the Formation of the Callus in Fractures—Flourens, the indefatigable phraseologist, has recently instituted a new series of experimental inquiries on this subject, and communicated the results obtained to the Academy of Sciences at Paris. We give a resumé of his deductions as follows:

"There are two kinds of callus, the *periosteal* callus—the permanent or true callus of the older surgeons; secondly, the callus of the soft parts, exterior to the periosteum—the provisional or false callus of the old authors; this Flourens calls the *muscular* callus, because it is principally formed by the muscular tissue. In the reparatory process the various tissues concerned in ordinary fractures behave as follows:

"1st. The nerves always remain in a healthy condition. 2d. The vessels are frequently torn, extravasation then takes place, but their tissue is not altered. 3d. The tendons of origin undergo little change. 4th. The tendons of insertion may, according to the seat of fracture, coalesce, in consequence of inflammatory action, with the periosteum and undergo all the phases of ossification. 5th. The muscles are the true seat of the callus, exterior to the periosteum—the provisional or false callus. The muscles not immediately concerned in the fracture remain healthy. Those which are attached to the periosteum and touch the osseous fragment change their color and consistence; they grow pale, harden, and their transverse striæ are effaced; finally their tissue, having become fibrous, presents cartilaginous corpuscles and bone cells. All this disappears when the reparatory process has

been terminated and the fracture united; the muscle assumes its normal appearance and the provisional callus does no longer exist. 6th. The fasciæ of the muscles tumify, and are sometimes converted into a cartilaginous or, perhaps, a bony mass. 7th. The torn fragments of the periosteum converge towards the medullary membrane or endosteum, joining the latter, and thus protect the meduallry canal from small pieces of fractured bone. 8th. The periosteum tumifies, swells up and adheres to the muscles which surround the osseous fragments; then it is transformed into cartilage, and subsequently into bone. This constitutes the true or permanent callus, the callus which remains after the cure of the fracture constituting the permanent consolidation of the ends of the fractured bones. 9th. The bone itself does not increase in volume; its ends are not elongated; it remains passive; the whole phenomenon of the formation of the callus is exterior; the periosteum alone is active, it alone forms the *osseous ring*, the osseous bond of union, which unites the fractured ends and keeps them united.

"Finally the periosteum also absorbs the surplus of bony tissue in the fractured ends, and lastly, a very singular phenomenon occurs; the continuity of the meduallary canal, having temporarily been interrupted, is re-established, and the bone gradually regains its normal condition, with the exception of these two points, that it neither resumes its original length nor straightness."

Injections of Iodine in Empyema.—One of the most interesting cases of this kind is published by Dr. Bienfait in the *Gazette* Hebdomadaire. We have given, in the REPORTER a few years since, a detailed account of a number of cases where paracentesis thoracis, followed by injections of iodine, was resorted to with success by M. Boinet. The case before us now, however, is of especial interest, as it occurred in a boy only seven and a half years of age. The patient had had scarlet fever and severe albuminuria, and secondary suppurative pleurisy, as sequels. Hectic fever ensued, and the patient's life was in great danger. In this emergency, the thorax was punctured, and a solution of iodide of potassium injected. The operation had to be repeated twice at intervals of five days and one month; but finally the patient recovered entirely.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MAY 5, 1860.

THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

In one month's time this body, the national representative of the medical profession of this country, will meet in New Haven, Conn. At its annual gatherings may be found many of the most prominent medical men of nearly every section of our wide-spread land, and it is a noble sight to see the members of a proverbially poorly remunerated profession traveling, many of them hundreds of miles, at their own charges, putting up at expensive hotels, and spending several days deliberating on the best means of serving the public in improving the general health, and in the cure of special diseases.

We trust that the assemblage at New Haven will be a large one, and that all parts of the country will be fully represented, and there is no question but our profession will, at this meeting, set all other associations and conventions in our country an example of moderation and earnest devotion to the objects for which they convene, that will be worthy of imitation.

Since the division of the association into *sections*, there is reason to hope for more practical results from its annual gatherings. This plan will impart a life, interest and vigor to the meetings that have been lacking hitherto.

At the meeting held at Louisville last year, the Association was divided into *six sections*, viz: 1. Anatomy and Physiology; 2. Chemistry and Materia Medica; 3. Practical Medicine and Obstetrics; 4. Surgery; 5. Meteorology, Medical Topography, and Epidemic Diseases; 6. Medical Jurisprudence and Hygiene; and the committee of arrangements are requested to make provision to accommodate these several sections.

There has been one drawback to the dignity and usefulness of some of the former meetings of the Association, which we hope this plan will have a tendency to correct, viz: the thrusting forward of men of small calibre and equivo-

cal standing, into prominent positions. This was particularly noticeable at the last meeting, where men who appeared before a former meeting in the attitude of culprits, and from whom lame apologies were reluctantly drawn, occupied positions of great responsibility—positions which they could not have been appointed to at a meeting held less remote from their place of residence. We trust that greater care will be taken in future to commit the interests of the Association only to the keeping of men of prominence and unequivocal standing, who alone are the reliance and hope of this body. We shall be greatly disappointed if this is not done in New Haven.

DR. GREGG'S COMMUNICATION.

We give, this week, a lengthy communication from Dr. Gregg, of Rock Island, Illinois, in vindication of his course, and in defence against reflections on his action in connection with the affair between Dr. Ignatius Langer and the Scott County (Iowa) Medical Society. Our readers have had a pretty fair opportunity to judge of the merits of the question of external manipulations to correct mal-positions of the fœtus in utero, so far as the opinions of the parties to the discussion, and the authorities at their command, are concerned. Personal considerations have had more to do with the discussion than was agreeable to us, but we have tried to give both sides a fair hearing, and believing that we have done so, we shall close our columns to any further controversy, certainly of a personal character. If any of our readers have anything practical to offer on the subject, we shall be glad to hear from them.

Immunity from Onanism among the Jews.—A writer in the London *Lancet* is considering the influence of circumcision in preventing masturbation. He requests observation on the subject from those who practice among the Jews. Although practicing in a neighborhood where this community abounds, he does not remember ever having had either a confessed or suspected case of this evil among Hebrew youths; while of juvenile Christians the same could not be asserted.

News and Miscellany.

The New Building for the Episcopal Hospital.—The Annual Report of the Board of Managers of the Hospital of the Protestant Episcopal Church in Philadelphia, presents evidences of the continued usefulness and prosperity of the institution.

The building fund, which had been steadily accumulating, has reached a sufficient amount to sanction the commencement of the erection of a structure creditable to the organization governing this charity, and in size adapted to its extended field of usefulness.

The site for building has been chosen on the western portion of the grounds now occupied by the present hospital building, near the junction of Huntingdon and Fillmore streets. The location is peculiarly eligible, the grounds being very high, in a rapidly improving neighborhood, and remote from any other hospital.

The Norman style of architecture, modified to suit the purpose and character of the edifice, has been chosen as one of peculiar fitness. The outline of the building was suggested by the Hôpital Lariboisière of Paris, in which the conveniences and advantages of the parallel pavilions are clearly demonstrated. This plan has been modified somewhat, so as to be adapted to the peculiarities of our climate and other local considerations.

The entire building will consist of a group of five pavilions, of which three only are now to be constructed, designated as the centre building and wings, connected with each other by covered corridors; the length of the entire front, thus formed, being two hundred and fifty-eight feet. The depth of the centre building, including the chapel, is to be two hundred and fifty-six feet; that of each wing, two hundred feet; and the space between them on each side of tue centre, sixty-three feet.

The report says that every precaution will be taken to make the building present a cheerful aspect, and to avoid the obstruction or stagnation of air. All the rooms, closets, and passages, large and small, as well as the wards and corridors, are so arranged and connected as to be invariably well lighted and ventilated, so that not a dark, or close hole or corner, will be found in the whole structure. For the same purpose, the wards and ward pavilions, the operating rooms and the chapel, have all been so placed as to be exposed to the greatest amount of sunshine throughout the day, and to the free play of prevalent summer winds.

In this manner, it is hoped that the proposed edifice may combine the largest number of advantages with the fewest disadvantages in its practical adaptation to the great end in view, of providing the greatest amount of health-restoring influences, and the greatest facility of administration in a general hosital.

Kentucky State Registrar.—Dr. S. M. Bemiss, of Louisville, has been appointed to the new office of Registrar, created in accordance with the amendment to the act for the registration of births, marriages, and deaths.

The Epidemic among Cattle—The legislature of Massachusetts has appointed a commission of three persons to investigate the character of the apparently contagious disease which is now spreading with great fatality among the herds throughout the country. The State is to assume the cost of the investigation, paying to the owners the value of cattle which are to be slaughtered, under the direction of the committee, on the appearance of the disease. The pathological appearances of animals which were killed as soon as affected, or which died from the disease, are very indefinite; but it appears to be a disease of the lungs, and the first symptoms are said to be a croup-like respiration.

The Chestnut as an Esculent.—Mrs. Varney, of San Francisco, suggests, in the *Scientific American*, that the common chestnut, being more palatable and nutritious, be cultivated to take the place of the potato. The tree, it is thought, might be dwarfed and brought forward in the same manner as the apple and pear.

In the middle of the seventeenth century, 5 in 100,000 of the population of London were executed annually; now only 1 in the whole population. To keep on a par with those barbarous days, we ought to execute about 140 per annum.—*Med. Times and Gazette.*

Death of a Physician after an Operation for Strangulated Hernia.—Professor Guislan, an eminent psychological physician, author of the Pathology of the Nervous System, and director of the Ghent Asylum, died recently from hernia, for the relief of which an operation had been resorted to.

A Temperate Life.—Gen. Cass, now in his seventy-eighth year, is said to have never tasted any kind of intoxicating liquor. Through all the vicissitudes of his arduous and eventful life, he has avoided the deceptive aid of alcoholic stimulation. If such a career as his, attended with many toils and temptations, has not needed artificial stimulus, there can be little excuse for the most of those who are attracted to that in which "discontent seeks for comfort; cowardice for courage; sadness for joy; and all find *ruin*."

The Medical Profession in Switzerland number 1,449 to a population of 2,392,740.

A Biography of Sir Charles Bell is in anticipation. It is to be produced by a member of the family, from Sir Charles' correspondence with his brother, George Joseph Bell, and will be an authentic biography of one of the most eminent men in the profession, in modern times.

Franking of Vaccine Virus.—The London *Lancet* is endeavoring to induce the authorities in Great Britain to consider the propriety of permitting the free transmission of vaccine matter by post.

Although the cost of mailing is there, as here very slight, yet everything which facilitates the transmission of fresh vaccine matter throughout the country, is of importance.

Literary Cobblers.—Dr. Colescott, of the *Louisville Medical Journal*, expresses the following as his view of the mean habit of copying without acknowledgment, to which many American medical journalists are addicted. The sentiment is worthy the attention of some of our cotemporaries, who we expect soon to call to account.

"Our opinion of it is just this: We would much rather take another man's sheep, than another man's thoughts—by so much the more, indeed, as we would prefer being thought empty in the epigastric region than in the cephalic extremity, empty stomached rather than empty headed."

Dr. T. T. Seelye expects to open, on the 15th of next month, an Asylum for Inebriates, in Cleveland, Ohio. While public sentiment tolerates the almost unrestrained manufacture and sale of intoxicating drinks, the establishment of institutions of this character should be encouraged.

Mar. 29 1860.

Dr. Windship, of Boston, lectured in this city on Wednesday evening last, to a respectable audience. He gave an interesting account of his own physical training, and a rational view of the means of acquiring and sustaining a high state of health. After the lecture, Dr. Windship, and some of the pupils of Hillebrand and Lewis' Gymnastic Institute, exhibited some wonderful feats of strength and activity.

Dr. Windship will lecture again on Saturday evening, the 5th inst., at the National Guards' Hall, and all who admire physical culture, without its frequent concomitants of coarseness and brutality, can have an opportunity of seeing a remarkable instance of its perfection.

To Correspondents.

COMMUNICATIONS RECEIVED.—*Delaware*, Dr. H. F. Willis, (with encl.)—*Illinois*, Dr. J. M. Mack, (with encl.,) Dr. C. H. Mills, (with encl.,) J. H. M'Cord, (with encl.)—*Iowa*, John M. Adler (with encl.)—*Kentucky*, Dr. John D. Jackson—*Maryland*, L. R. Kirk, (with encl.,)Dr. Buckley Jones—*Mississippi*, Dr. W. N. Ames, (with encl.)—*New Jersey*, Dr. S. Wickes, Dr. Wm. Johnson, Dr. C. Eyrich—*New York*, Dr. R. E. Van Gieson—*Pennsylvania*, Dr. W. B. Erdman, (with encl.,) Dr. D. Webster Bland, Dr. J. McBride, Dr. J. W. Thompson, Dr. Geo. W. Burke—*Tennessee*, Dr. Thos. M. Woodson. *Wisconsin*, Dr. J. B. Woodruff, (with enc.)

Office Payments.—Dr. H. Z. Gill, Dr. D. H. Goodwillie, Dr. Albert H. Smith, Dr. Geo. W. Riley, Dr. Robt. B. Browne, (of N. J.,) Dr. Wm S. Harah, John S. Warner, (adv.,) Dr. J. Delacy. Dr. H. Y. Smith.

MARRIAGES.

BARKER—RIDGWAY.—In this city, on the 26th ult., according to the order of the Society of Friends, Dr. Geo. T. Barker and Susan R., daughter of Thomas Ridgway, all of this city.

DA COSTA—BRINTON.—In this city, on the 26th ult., by the Rev. J. W. Cracraft, Dr. J. Da Costa and Sarah Frederica, daughter of the late Geo. Brinton, Esq.

CLOWER—FORD.—On the 25th ult., by the Rev. Thomas G. Allen, Mr. John Clower and Miss Charlotte M. Ford.

DEATHS.

TREADWELL.—In New York, on Monday, April 30, Saml. E. Treadwell, M. D., of Havre-de-Grace, Maryland, aged 45 years.

WOOD.—In New York, on Wednesday, May 2d, Edith, daughter of Dr. James R. Wood and Emma Wood, aged 16 months.

TO PHYSICIANS.

WANTED, A PARTNER IN THE PROPRIETORSHIP OF an Institution, and a large Practice connected therewith. To a well-qualified Physician, who can furnish $3,000, this offers unusual pecuniary and professional advantages.

Applications to be addressed to

WILLIAM LEWIS, M. D.
Care of J. H. Rosenbaum,
Box 3,219, New York, P. O.

WANTED.

SEVERAL PERSONS TO TRAVEL AS **AGENTS** TO OBtain subscribers for this Journal. Students or young graduates would find this pleasent and profitable employment, as we allow a liberal percentage for new subscribers, and the exceedingly practical and popular form and low price of the REPORTER, will induce most physicians to subscribe to it if called upon.

None need apply without good recommendations. Address the Editors.

Anatomical, Pathological, and Microscopical Preparations.

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS intrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood-cut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILLUSTRAION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION intrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS, M. D.
768 Florida street, Philadelphia.

REFERENCES.

JOSEPH PANCOAST, M. D., Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.

D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.

ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.

J. DA COSTA, M. D., Physician to the Episcopal Hospital.

F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital.

Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN**, No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved

RADICAL CURE and other TRUSSES,
FEMALE SUPPORTERS,
SHOULDER BRACES,
ELASTIC STOCKINGS,
SPINAL APPARATUS

For weak and curved spines, and

INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

PHILADELPHIA HOSPITAL.

MANY IMPORTANT WORKS ARE MISSING FROM THE Medical Library of this Hospital. Persons having volumes out, will please return them, or any one capable of giving information regarding missing volumes, will oblige by communicating with the undersigned.

S. W. BUTLER, M. D., Librarian.

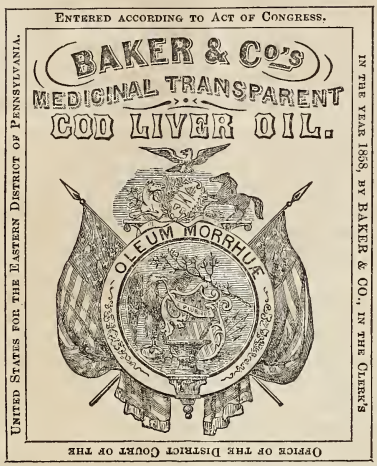
April 28, 1860.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICIN Chests, MEDICAL SADDLE-BAGS and Medical Pocke Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

The most Reliable, Efficacious, and Scientific Remedy for

CONSUMPTION, SCROFULA, DEBILITY, &c.


ENTERED ACCORDING TO ACT OF CONGRESS.
BAKER & Co's
MEDICINAL TRANSPARENT
COD LIVER OIL.
OLEUM MORRHUÆ
IN THE YEAR 1868, BY BAKER & CO., IN THE CLERK'S
UNITED STATES FOR THE EASTERN DISTRICT OF PENNSYLVANIA.
OFFICE OF THE DISTRICT COURT OF THE

which, from its long established and well-tested reputation for purity, freshness, uniformity of character, and superiority of its mode of preparation, from the most eminent of the medical profession throughout the country, the distinguished faculty of the oldest and best medical colleges, the University of Pennsylvania, and thousands of invalids—claims the patronage and confidence of all who desire the advantages of a superior and genuine article.

As the value of this remedy depends solely on its genuineness, invalids should be careful to take only that of undoubted reputation, as its qualification cannot be ascertained by observation.

For testimonials, see the pamphlets accompanying each bottle, and be sure to procure only "J. C. BAKER & CO.'S PHILADELPHIA COD LIVER OIL," which is to be had of all apothecaries, and from the proprietors.

BAKER & CO.,
175 154 North Third Street.

TRUSS

AND

BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES, (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

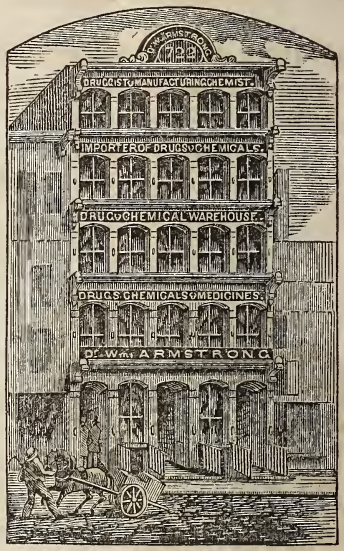
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection witha bove, with flattering results. 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.



Also a General Assortment of Concentrated Medicines, from the Labratories of
MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut	2 to 5	1 50
Alnuin	Res. Rd. Neut	2 to 10	75
Apocynin	Rd. Res. Neut	½ to 3	2 00
Asclepin	Rd. Neut	1 to 5	1 50
Baptisin	Res. Neut	1 to 8	1 00
Barosmin	Res. Neut	1 to 3	2 00
Caulophylin	Rd. Neut	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut	2 to 5	1 25
Chimaphilin	Res. Rd. Neut	2 to 5	1 00
Collinsonin	Res. Neut	2 to 5	2 00
Colocynthin	Rd	½ to 2	2 00
Cornin	Rd. Neut	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut	1 to 3	3 00
Cypripedin	Rd. Neut	2 to 4	1 00
Digitalin	Rd. Alk. two Neut	⅛ to ½	1 50
Dioscorein	Res. Neut. M. R	2 to 5	1 50
Enonymin	Rd. Alk. Neut	1 to 4	2 00
Enphorbin	Rd. Neut	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk	2 to 5	1 50
Fraserin	Res. Neut. and M. R	2 to 10	1 00
Gelsemin	Rd. Alk. Neut	¼ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd. Neut	3 to 8	2 00
Hamamelin	Res. Neut	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut	⅛ to ½	2 50
Irisin	Res. Rd. Alk. Neut	1 to 3	1 00
Jalapin	Res	2 to 5	1 50
Juglandin	Rd. Neut	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut	2 to 5	60
Lupulin	Res. Rd. Neut	1 to 4	75
Lycopin	Rd. Neut	1 to 4	1 00
Macrotin	Rd. Alk. Neut	⅛ to 2	60
Menispermin	Rd. Alk. Neut	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut	½ to 3	1 00
Podophyllin	Rd. Alk. Neut	½ to 3	60
Populin	Rd. Neut	2 to 5	50
Prunin	Rd. Neut. Amyg	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to and sent to all parts of the United States, by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Phila'a.

J. M. MIGEOD,

MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.

Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50
No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50
No. 3, containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " 9 50
No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottles,
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" " 4 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,
Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116. t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

ELECTRO-MAGNETIC

AND

MAGNETO-ELECTRIC MACHINES

AND TELEGRAPH REGISTERS.

Receiving Magnets, Keys and Zincs,

MANUFACTURED AND FOR SALE BY

W. C. & J. NEFF,

No. 3½ SOUTH SEVENTH STREET,

PHILADELPHIA.

HUSBAND'S

ISINGLASS ADHESIVE PLASTER.

THIS PLASTER has been found to be admirably adapted to strapping after surgical operations, and as a dressing to either incised or lacerated wounds. It is cleanly, of easy application, adheres firmly *without producing inflammation*, and being semi-transparent, allows of an examination of the parts without their having to be disturbed by its removal, until, in many instances, the cure is effected. This Plaster is not affected by age, and will bear exposure to any climate.

Professor MUTTER, in his late edition of Professor Liston's Lectures on Surgery, &c., remarks that "the Isinglass Plaster, referred to by Mr. Liston, is exceedingly well made by Mr. Husband, of this city; and for some time past I have almost abandoned the use of the old adhesive plaster of the shops, which often, in persons of a delicate skin, or children, produces troublesome irritation."

For sale by the Druggists, and by

T. J. HUSBAND,
173 N. W. Cor Third and Spruce sts., Philada.

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS,

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P. . . . $0 37½
Aloes et Assafœt: U. S. P. . 37½
Aloes et Ferri . . . 37½
Pulv: Aloes, Socot: ½ gr.
" Zingib: Jam: 1 gr.
Ferri Sulph: Exsic: 1 gr.
Ext: Conii ½ gr.
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
Pulv: Aloes Socot:
" Sapon: Hispan:
" Fruct: Colocynth:
" Gambogiæ
Oleum Anisi
Anti-bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . 37½
" Comp: (Plummer's) 3 grs. . 37½
Calomel
Oxysulph Antimony
Guaiacum Resin
Calomel et Opii . . . 37½
Calomel 2 grs.
Opium 1 gr.
Cathart: Comp: U. S. P. . . 37½
Cinchon: Sulph: 1½ grs. . . 50
Cook's, 3 grs. . . . 37½
Pulv: Aloes Soc: 1 gr.
" Rhei 1 gr.
Calomel ½ gr.
Sapo Hispan: ½ gr.
Colocynthidis Comp: 3 grs. . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . . 37½
Copaibæ et Ext: Cubebæ . . 37½
Pil: Copaibæ. 3 grs,
Ext: Cubebæ 1 gr.
Copaibæ Comp: . . . 37½
Pil: Copaib:
Resin Guaiac:
Ferri Cit:
Ext: Cubeb:
Fel Bovinum, . . . 50
Inspisated Oxgall 2 gr.
Powd: Jamaica Ginger, 1 gr.
Ferri (Quevenne's) 1 gr. . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . 37½
Ferri Comp: U. S. P. . . 37½
Ferri Iodid: 1 gr. . . . 50
Ferri Lactat: 1 gr. . . . 37½
Ferri et Strychniæ . . . 62½
Strychniæ 1-60 gr.
Ferrum per Hydrogen (Quevenne's) 2 gr.

PIL: Ferri Valer: 1 gr. . . . 75
Ferri et Quin: Cit: 1 gr. . . 50
Ferri et Strychniæ Cit: 1 gr. . . 37½
Strychnia Cit: 1-50 gr.
Ferri Cit: 1 gr
Galbani Comp: U. S. P. . . 37½
Hooper (Female Pills) . . 37½
Hyd argyri, U. S. P. 3 grs. . 37½
Ipecac et Opii, 3½ grs. . . 37½
Pulv: Doveri, U. S. P.
Opiii, U. S. P. 1 gr. . . . 37½
Opii et Camphoræ . . . 50
Pulv: Opii, 1 gr.
Camphoræ, 2 grs.
Opii et Plumbi Acet: . . 37½
Pulv: Opii, ½ gr.
Plumbi Acct: 1½ grs.
Quiniæ Sulph: 1 gr. . . . 62½
Quiniæ Sulph: 2 grs. . . . 1 00
Quiniæ Comp: . . . 75
Quin: Sulph: 1 gr.
Ferrum per Hydrogen (Quevenne's) 1 gr.
Acid Arsenious 1-60 gr.
Quiniæ et Ext: Belladon: . . 62½
Quiniæ Sulph: 1 gr.
Ext: Belladon: ½ gr.
Rhei, U. S. P. . . . 37½
Rhei Comp: U. S. P. . . . 37½
Scillæ Comp: U. S. P. . . . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
Pulv: Aloe Scott:
Gum: Mastich:
Flor: Rosæ
Zinci Valerian: 1 gr. . . 75
GRANULES, Acid: Arsenious, 1-20 gr. . 25
" " 1-50 gr. . 25
Aconitia, 1-60 gr. . . . 50
Atropia, 1-60 gr. . . . 50
Corrosive Sublimate, 1-12 gr. . 25
Digitalin, 1-60 gr. . . . 50
Elaterium (Clutterbuck's) 1-10 gr. . 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr. . 25
" Nux Vomica, ½ gr. . 37½
Mercury Iodide, ¼ gr. . . 25
" Red, 1-16 gr. . . . 25
Morphia Sulphate, 1-10 gr. . . 37½
" " 1-6 gr. . . 50
" Valerianate, ⅛ gr. . . 62½
Quinia Valerianate, ½ gr. . . 1 00
Silver Nitrate, ¼ gr. . . 37½
Strychnia, 1-20 gr. . . 37½
" 1-40 gr. . . 37½
Veratia Sulphate, 1-12 gr. . . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 1 80, 1y

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 186. } PHILADELPHIA, MAY 12, 1860. { NEW SERIES VOL. IV. NO. 6.

ORIGINAL DEPARTMENT.

Communications.

ANATOMY

IN ITS RELATIONS TO

MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

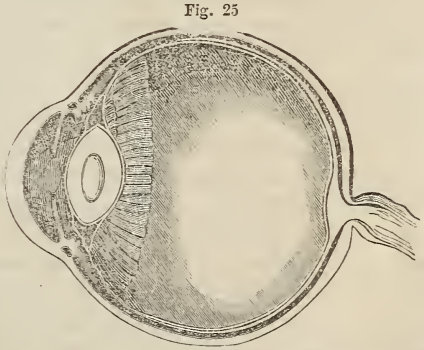
Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 27.

INTRA-ORBITAL REGION — (*continued.*) — In reaching the eyeball proper, let us make a brief summary of its parts before entering upon an examination of the several constituents. Three layers, or membranes, are arranged within each other. These are enumerated from without: *First*, the sclerotic and cornea; *second*, the choroid; and *third*, the retina. Or they may be designated by their anatomical composition, as the *fibrous*, the *vasculo-pigmentary*, and the *nervous* layers. The interior is filled up by lenses of different density, called the vitreous, crystaline, and aqueous; a muscular curtain is suspended within, to regulate the amount of light, the *iris;* a bond of union to several parts, the *ciliary* ligaments; and a series of vascular fringes about the circumference of the crystaline lens, the *ciliary* processes.

Sclerotic.—The first tunic of the eye is the sclerotic. It forms about four fifths of the ocular sphere. Behind, it is perforated by the optic nerve, and in front has attached to it the cornea. The recti and oblique muscles are inserted upon its surface. It is formed of closely interwoven fibres of connective tissue. In its deeper portions, the fine and regular fibrous net-work resembles tubes, which have been regarded by some as nutritive canals. The sheath of the optic nerve, which is derived from the dura mater, is continued upon or into the sclerotic. The thickness of this coat is greatest behind, diminishing very gradually as it passes forward, until a little distance from the cornea, when an increase takes place corresponding to the attachment of the muscles. Where the coat admits the passage of the optic nerve, it is perforated by several small openings, the *lamina cribrosa*. The nerve, therefore, passes through in small fasciculi, corresponding to these spaces, after the manner of the olfactories through the cribriform plate of the ethmoid bone. The sclerotic, in health, has a white color. Its resistance is increased in fish, by the addition of two cartilaginous plates embedded in its substance; and in some varieties of this class it consists of a complete cup of bone. In front, the sclerotic is connected to the cornea; and at the place of union a white circle exists, which is the *ciliary ligament.*

Fig. 25



Exhibits a section of the Eye with its stratified tunics, lenses, ciliary processes, iris, &c. &c.

Blood-vessels.—This membrane cannot be regarded as very vascular, though it is pierced by numerous trunks, such as the *long*, *short*, and anterior ciliary arteries, all of which

originate from the opthalmic. The first and second set enter the tunic just in advance of the optic nerve, most of which pass directly through; those which run in its structure are disposed in oblong meshes. The last, or anterior, ciliary arteries come from the muscular trunks, and pierce the sclerotic near to its junction with the cornea. Veins are seen to emerge through the coat to terminate finally in the ophthalmic.

Nerves.—The nerves come from the ophthalmic ganglion and the nasal branch of the ophthalmic division of the fifth pair, and pass though the coat near the long and short ciliary vessels. Both the arteries and nerves, after penetrating the membrane, run in quite straight courses between it and the subjacent tunic. Their further distribution will be pointed out when the dissection has been conducted a little deeper.

Cornea.—The anterior fifth of the eye is occupied by the cornea, thus completing the ocular sphere in front. The visible limit of this membrane is easily distinguished by the white line at its circumference, the ciliary ligament. It is a perfectly transparent, brilliant structure, concavo-convex in form: the surfaces of which, however, are not exactly parallel, being more widely separated at the centre than the circumference, and in consequence of its conformation possessing a well-marked magnifying power. It consists of the following layers: *conjunctival*, *proper*, and *elastic*. The first has already, in a former paper, been alluded to as consisting of cells arranged according to the description in Fig. 26. The second layer, called also the *cornea propria*, or proper cornea, is stratified, numerous laminæ being piled on top of each other. These layers are composed of very fine fibrous tissue, and attached to each other by an equally delicate connective substance, scattered among which are fusiform and branched cells similar to those seen in the contiguous portions of the sclerotic.

The elastic layer is situated within the laminated cornea. Its name will express one of its properties—that of elasticity. In composition, it is structureless, perfectly transparent, and maintains this property for a long time, even when subjected to various re-agents. It supports, on its inner surface, an epithelium, the two being called the membrane of Descemet.

Fig. 26.

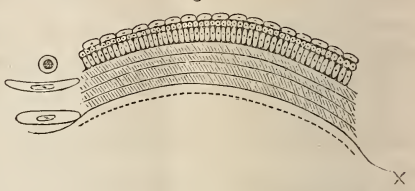


Fig. 26 represents the plan upon which the cornea is constructed. The conjunctival or external layer consists of cells, of which those of the deepest stratum are elongated in a vertical direction; above these, others that are round; and last, and most superficial, a flattened variety. On the inner or concave surface of the figure, are seen two lines, one of which is dotted, the other marked by a +; these represent the elastic or membrane of Descemet. The intermediate portions consist of parallel laminæ, united by an intermediate connective tissue, and form the proper cornea; and on the margin of the cut are seen two cells similar to many of those seen among its elements.

Corneal connection.—The connection between the cornea and sclerotic, is very unlike that which is commonly given in works on descriptive anatomy, in which, among other illustrations, it is compared to the connection between a watch-case and its crystal In truth, the cornea is but a new arrangement of the elements of the sclerotic, the one being continued into the other. Its conjunctival layer retains only the cell constitution of that membrane on the sclerotic; the middle or proper laminated cornea at its circumference, breaks up into a pennicillous border, the fibres of which intermix with those of the sclerotic; and the inner or elastic layer at its circumference, splits also into many little processes, which are continued a short distance, upon the anterior margin and surface of the iris. These are the *pillars of the iris*—so called by Bowman—and the spindle and steliate cells which lie among the layers of the cornea, similar to those found scattered through the texture of

the sclerotic. Nerves run throughout the cornea, but it is destitute of bloodvessels.

Practical Remarks.—No structure could be better adapted to support and protect the delicate interior apparatus of the eye, than the sclerotic. Being made up largely of white fibrous tissue, it is, in a great measure, inextensible, and will, therefore, retain its form. The cartilage and bone added to it, in certain fish already mentioned, contribute, in an increased degree, to this end. It may be predicated, on this property, that all distensions within the interior of the eye will be painful, and to a degree sometimes insupportable, as the nerves immediately beneath the tunic in question will be subjected to the compression. The soreness often felt in the eyeball, in congestion of the intra-cranial bloodvessels, is due to the resistance which this membrane offers to the over-distended vessels of the eye. Its bloodvessels, when they become the seat of inflammation, become quite apparent, either as red lines, quite straight, or if approaching at network, like the conjunctival vessels, it is in very oblong meshes. The cells scattered in its structure, may become filled with oil-drops, destroying, in a measure, its power of resistance, and allowing it to bulge at such situations. Like other fibrous structures, it may be attacked by rheumatic affections. Its continuity with the dura mater, as the sheath of the optic nerve, will suggest the extension of disease from one to the other. When attacked by morbid growths, the tumors are generally fibrous, and so incorporate themselves with its structure, that their removal is not without danger to the contents of the eye. Ossification may take place in the conjunctiva.

The transparency of the cornea makes it the window of the organ through which alone light can enter the eye. In insects, as for example, the common house fly, the whole corneal surface presents a beautiful mosaic work of hexagonal facets, which, being connected with corresponding processes of the special nerve, are really so many distinct corneæ Geoffry estimates 34,650 of these facets in the eye of a butterfly. As the external layer of the cornea is an epithelial one, such growths as occur here will consist of accumulations of these cells, as warts, though such morbid productions are not of common occurrence. The contents of the cell layer may lose its transparency, which will produce a dull, hazy appearance, not unfrequently observed. Considerable lachrymation attends this condition, because this layer is continuous with the conjunctiva into the ducts of the lachrymal glands. In the laminated or proper cornea, disease becomes much more serious. The nebula, leucoma, and albugo of writers are all but degrees of the same condition, that of effusion of lymph between the layers of the cornea. This exudation is the product of the marginal vessels, and in consequence of the alleged non-vascularity of the cornea, and the very few lymphatics, its subsequent removal is very unlikely to take place. A spot of this kind will, therefore, intercept the visual rays to the serious detriment of the organ. Squinting is known to co-exist occasionally with a mechanical obstruction of this nature. It would appear to be an effort, on the part of the ocular muscles, to change the direction of the eye, so as to present a clear portion of the membrane in a favorable situation for the incident light. The surgeon acts upon this hint, and can now and then do good by a judicious division of some one of the straight muscles. The plates of the cornea propria being united by connective tissue, are consequently an appreciable distance apart, and this would seem to be one of the conditions of correct vision. Alteration, in their proper relation, will produce indistinctness of sight. This may be brought about by any influence operating from within, as an increase of the aqueous humor, fullness of the vessels, etc. This pressure squeezes the fluid out of the cells, which are lodged between the laminæ, into the areolæ of the connective tissue.

The stratified construction of the cornea enables it to resist, with no inconsiderable power, force when applied perpendicular to its surface, and foreign bodies retain themselves in position by becoming imbedded in the same laminæ. They are, consequently best removed by acting parallel with these strata. Ulcers

frequently locate here, and acquire their depth by the successive destruction of these layers. In this way an ulcer may extend through one after another until a complete perforation be made, and the aqueous humor be discharged, and the iris fall into the opening, constituting "*Hernia of the Iris;*" or, if not to this depth, until the elastic or inner layer, the tendency of which is to press forward, shall be carried through and appear as a small vesicle filled with the same humor. To open this little tumor would be to empty the aqueous humor. The reproduction of the cornea, when thus destroyed, and the ready union after incisions, are quite remarkable, considering its relation to the sources of nutrition.

The extraction of a cataract requires a section of the cornea, and as it is an object to secure the flap against displacement, that made through its superior circumference, is regarded as the best, not being liable to be hooked up by the upper eyelid in its elevations. The lids, when closed, act very uniformly against the cornea, and should be thus maintained after sections into its substance, as the best method of preserving good apposition. A very great difference in the size of the cornea of different individuals exists, a consideration which will have some weight in deciding upon the operation of cataract by extraction.

When the cornea becomes so prominent as to project beyond its proper curve, it is called *prominent cornea*, if more protruding, it may be beyond the lids, a *staphyloma*. The latter involves a change in the structure of the tunic, which, with a soft, plastic exudation in its tissue, renders it unable to withstand posterior pressure. It can scarcely be imagined that, without such an antecedent change, a tunic so strong should yield to mere interior pressure.

One variety of near-sightedness and far-sightedness depends upon too great or too little convexity. One of the earliest symptoms of the *prominent cornea* is myopy, and, accordingly when such an alteration commences in the focus of vision, suspicion should be aroused in this direction.

On a Case of Inflamed, Undescended Testicle —Peritonitis—Internal Strangulation—Death.

By T. G. Morton, M. D.,

One of the Surgeons to the Wills Hospital, Philadelphia.

On the 8th of October, 1859, I was called to see Mr. S., aged 21 years, who had been confined to the house for two days; he was naturally delicate, and complained of diarrhœa, and want of appetite; his countenance expressed some uneasiness, features rather contracted and shrunken, skin pale aud moist, pulse 90; he had had four small passages that morning, no pain at stool; attention was directed to his diarrhœa and weakness, for which he was ordered the Ext. Krameria and Opium, with small quantities of blue mass, wine-whey and nourishing diet.

October 9th, about 2 A. M., he was suddenly seized with intense pain in the lower part of the abdomen, which lasted about half an hour; also pain in passing his urine, and constant desire to make it; his abdomen was slightly distended, and some tenderness upon manipulation; while I was with him (9 A. M.) a paroxysm of pain came on, and he was drawn almost double. He was placed in a warm bath which gave some relief. I now made inquiry if he had ever had hernia—from his general appearance and symptoms suspecting intestinal obstruction; he informed me that he always had a tumor in the left groin, and that his left testicle had never descended, and that at times he had dragging pains in that region. On examination, the left scrotum was found empty, and a tumor in the left inguinal canal, oval in shape, not very firm; on manipulating with and pressing the tumor in the direction of the canal, he experienced much more pain than at any other portion of the belly; the scrotal sac contains fluid which could be forced up to the base of the tumor but not past it; the bowels had not been open since yesterday; pulse 100; patient weak and restless, had vomited, features were contracted; ordered blue mass and opium every hour, a flaxseed poultice over the entire abdomen, neutral mixture, beef tea and wine-whey; during the afternoon he vomited much bilious matter, ab-

domen more tense, additional pain in the region of the tumor; an enema given, but it produced no passage.

Whether the tumor was a hernia, or an inflamed undescended testicle, or the testicle with a portion of bowel, was a matter of doubt; the vomiting, the evident increase of pain at that part, and his general appearance, made the diagnosis turn rather in favor of partial strangulation of the gut; slight taxis was made upon the tumor while he was in the bath, but of no avail.

Oct. 10th. Dr. Hall saw the patient with me; he became worse during the night, found him vomiting every thing which he took, extremely restless, pulse quick and small, slept only a few moments at a time; no passage from the bowels; there was some increase of pain in the abdomen, and more about the tumor; a blister was applied over the belly and dressed with mercurial ointment; a dose of castor oil was given, and it was decided that if the oil did not act upon the bowels, or if the matter vomited presented the least evidence of fæcal substances, an exploratory operation should be performed. In about two hours after taking the cathartic, he had a liquid stool containing much of the oil and some fæces—the operation was deferred. The vomiting ceased for a few hours, but soon came back with increased violence, stercoraceous matter made its appearance, which was ejected every few minutes, and the twisting pain in his bowels had returned in paroxysms, his skin became clammy, eye sunken, pulse extremely weak and frequent, abdomen tympanitic, not more tender; the case now presented all the symptoms of internal strangulation. Brandy punch and beef-tea were given in small, but frequently repeated doses, and carb. ammonia; enemas also given, but no effect produced.

Oct. 11th. Evidently sinking, was delirious during the night, stercoraceous vomiting all day; gradually sank, and died early in the evening.

Post Mortem Examination.—The tumor, which was in the inguinal canal, was the undescended testicle. It was atrophied, but not markedly so, its surface inflamed, the epididymis much inflamed and enlarged; the inguinal canal was so patulous that the index finger could be entered and turned about in it freely; no portion of the intestine was found in the canal at the examination. The peritoneum was intensely inflamed and the peritoneal cavity contains some pus and lymph. On carefully raising the intestines, which were much agglutinated together by lymph, an angulation of the ileum was found about ten inches from the cœcum; the gut was much distended and of a dark maroon color; this was caused by a constricting band of lymph wound around the gut like a string; other portions of the intestines were much inflamed.

Remarks.—The case before us presents many points of interest: the symptoms of strangulation of the bowel, associated with the tumor in the inguinal canal; absence of the testicle from its proper place, with increased pain in the region of the tumor, rendered the diagnosis uncertain as to whether it was a hernia or an inflamed undescended testicle, or both. The moderate amount of pain and tympanitis contrasted greatly with the appearance of the violence of the inflammation, as seen by the post mortem examination. The inflammation, probably arising first in the testicle or epididymis, travelled up the tunica vaginalis testis, and thus produced the general peritonitis, which caused death. His debilitated condition, from the first, rendered depletory measures out of the question.

In the last number of the London *Lancet*,[1] a case is reported in many respects similar to this one. In the one referred to, the patient died from internal strangulation; he had also a tumor in the inguinal canal, where the obstruction was thought to exist; he was operated upon, and only an omental hernia found, which was perfectly healthy, and a portion of which was returned, but he obtained only temporary relief. The symptoms suddenly returned, followed by extreme prostration, and the patient died. Upon the post mortem examination, "the hernia, which was entirely omental, presented no signs of strangulation, and had evidently nothing to do with the

[1] The *Lancet*, vol. 1, 1860, p. 401.

symptoms;" "raising the small intestines, it was seen that several feet of about the middle of the small intestines were constricted by a small string-like band, which caused strangulation and death."

Erichsen reports[1] several interesting cases, which bear upon the one reported, in reference to inflammation occurring in, or about an undescended testicle, and spreading thence to the peritoneum. He says "it is a condition which is not unattended with danger; for cases are on record in which the inflammatory action, extending to the peritoneum, has occasioned death;" and "Curling on the Testes"[2] says, "It will be shown that secondary orchitis, or inflammation, commencing in the epidydimis, is peculiarly liable to extend to the tunica vaginalis, and that, in all diseases of the organ, this membrane is very commonly implicated. Now, when the testicle is situated in the abdomen, or in the groin, and surrounded by a prolongation of peritoneum, there is no shut sac—no distinct tunica vaginalis—restricting the limits of inflammation when set up; but the disease is liable to affect the contiguous viscera, and extend through the abdominal cavity."

Several interesting cases, bearing upon the subject of inflamed undescended testicle, may be found reported by Pott.[3]

Puerperal Mania—Typhoid Fever—Belladonna as an Antigalactic, etc.

By Dr. Edward H. Sholl,
Of Warsaw, Ala.

I was called, March 13th, to attend Mrs. —— in her fourth confinement, which terminated favorably after a natural labor of four hours. For several days and nights the child was very restless and irritable, entirely depriving the mother of sleep. On the sixth day she became very despondent, and awoke from a short and troubled sleep with an anxious and haggard countenance, and the mind much disordered.

The bowels being torpid, a mercurial cathartic was given, which acted freely and with characteristic effect. Morphiæ sulph. was now ordered in half grain doses every hour till she slept. During the night she slept a troubled sleep of six hours. She awoke raving in frantic delirium and became totally unmanageable. There were fierce outbursts of anger and vituperation, maniacal screams and laughter, and the most determined efforts to leave her room, not recognizing the few friends with her, nor in any way noticing their requests.

The skin, at this time, was warm and moist, pulse 120. Every hour, under the influence of opiates and antispasmodics, her ravings became less wild and frightful, and later in the day her delirium changed to the low and muttering variety, in which she deplored her sinfulness, and prayed fervently that she might be "washed white in the blood of the Lamb."

About this time the lochial discharge ceased entirely, the skin was acting profusely, and the tendons at the wrist were incessantly twitching. Pulse 130. Opiates were now given till she slept profoundly. After eight hours rest, she awoke, her mind tranquil, actions and conversation rational, and entirely ignorant of what had transpired during the last thirty-six hours. Three small portions of mercury were given at intervals of five hours, the bowels again moved, and a sound sleep produced by opiates, with evidence of great improvement on waking.

The farther treatment consisted of opiates, anti-spasmodics, and diaphoretics as were necessary, and gentle tonics to recruit the weakened system. On the eighth day from the attack, she was discharged as convalescent. During none of the time was the secretion of the milk suppressed. We have, in this case, a demonstration of the tangible and happy effect of medicine, more marked than in any case of mere physical disorder. Rest was the indication, and, by the action of opiates, she came through the gates of sleep from the land of darkness into the brightness of day.

---

[1] Lancet, vol. 2, 1859, p. 276.
[2] Curling, p. 110.
[3] Chirurgical Works, London, 1783, vol. 2, p. 223.

Since September last, we have had in town and vicinity, occasional cases of typhoid fever. The first case, a negro woman of sixty, was ushered in with profuse diarrhœa, which being checked, the disease pursued its regular course and was followed, on subsidence of the fever, by abcesses of both parotids, which continued discharging for nearly two months. Another case, a girl of fifteen, now in the forty-second day of her sickness, convalescing slowly, was first violently attacked with pneumonia of both lungs, expectoration scanty, viscid and almost black from the outset, with extreme difficulty and frequency of respiration. On the fourteenth day, when improving from this severe attack, a new train of symptoms set in, and in conjunction with the declining pneumonia, typhoid fever was developed and has run its regular course. I cite these two instances as rather uncommon, the one in its closure, the other in its secondary nature. In still another case on the twentieth day, while the patient was sitting up, he was violently attacked with symptoms indicative of intestinal perforation. Under the continuous use of opium in large doses, the aggravated character of this attack was in a week almost relieved, and I am happy to say I have had no necessity for a post-mortem exeamination to verify my diagnosis. I wish to call attention to the mode of treatment which has fortunately brought every case to a snccessful issue. Whenever satisfied as to the presence of typhoid fever, chlorate of potassa and tinct. gelsemini were given in combination every two hours; when tympanitis manifested itself, or the tongue indicated its use, oil of turpentine was used in connection with them, with fomentations of the same. To control the restlessness of delirium, opium, in five grain doses, as recommended by Dr. A. G. Henry, of New England, was used with the happiest effect. Tinct. gelsemini alone was used in several cases, and in two instances appeared materially to abridge the duration of the disease. On the abating of the fever, mild nourishment, gentle stimulation, and tonics were used. In other cases of which I was cognizant, where mercury was given with a view to its usual effect, the result was *invariably fatal.* I append the formula used, modified from the one in which chlorate of potassæ was used alone.

℞. Potassæ chlorat. ʒi.
Sodæ bi-carb.
Pulv. acaciæ, aa ʒij.
Ol. terebinth. fʒi.
Tinct. gelsemini fʒiij.
Aquæ, q. s. ft. fʒviij.
M. Sig. Give a tablespoonful every two hours.

In the gelseminum, after much experience in its use, we have, I believe, a remedy of the most universal applicability that the world furnishes, and an invaluable addition to our means of combatting disease in its various forms.

I wish also to add my testimony in favor of the belladonna as an antigalactic, it never, as yet, having failed to produce the desired effect in any case I have used it. In most cases, the first few applications seem to produce an increased flow of milk; but, as a general rule, in from four to seven days, the secretion has been entirely suppressed. Whenever desirous of stopping the secretion rapidly in both breasts, I use, in conjunction, the iodide of potassium in eight grain doses, three times daily. Drs. Kerr and Massengale, of Cooksville, Miss., inform me that they are in the habit of using the ext. of hyoscyamus externally where they desire to suppress the secretion of the milk, with fully as good effect as that obtained from the belladonna.

In the treatment of threatened mammary abcess, I have been always able to prevent it, when taken in time, by the daily application of collodion to the entire breast, save the areola and nipple. This plan, as recommended by Prof. Evans, if timely pursued, will save much suffering.

A discrepancy exists in the formula for Warren's Styptic, as given in Wood's Practice, and in your journal some weeks since, which makes a very material difference in the strength of the preparation. The formula of Wood's Practice gives of alcohol and oil of turpentine each fʒij., of your journal of each fʒij. I have used the first formula given, more particularly in uterine hemorrhage, with prompt effect. Which is correct?

Tasteless Medicines.

By J. W. Thompson, M. D.
Of Philadelphia.

"Conservative Surgery" and "Rational Medicine" have been deservedly attracting a large share of attention within the last few years; and as a most important branch of the latter, I beg leave to call attention, in a few words, to the subject of "tasteless medicines," a subject which the desire for handsome and reliable preparations, has kept, until recently, entirely too much in the back ground. Occasionally an effort has been made, and something accomplished by some one who has been put to his wits' end by the weak stomach, or obstreperous character of a wilful patient, who has literally refused to take his nauseous prescriptions, choosing instead to run all the hazards of disease.

But only to a very limited extent have been these improvements, and the sick are still required to take such doses as a well person would loathe to utter detestation.

I am fully persuaded that such should not be the case, now that Chemistry and Pharmacy are being so wonderfully developed; and think that the taste of nearly every article in the Materia Medica may be either nullified or masked, without interfering at all with its essential properties.

When this cannot be done as a fluid preparation, it can generally be as a jelly, or a solid; the latter in pilular or granular form, coated with sugar and avoiding that, to many, sickening "Glycerrhiz. Pulv.," in which not a few continue to put up pills, because it answers the purpose, and because their fathers did so.

A great help in this needed reform, is the advancement which has been made in the preparation of the concentrated extracts, and in the separation of the vegetable alkaloids.

It would have been a fruitless task to have attempted, with many of the crude drugs as originally administered, but now is within reach of every hand; and let us see to it, one and all, that this step which is to be the next great improvement in medicine, is taken right early.

In fact we have no right as humanitarians to ask a patient to swallow nauseous doses, when we can minister to them in their afflictions, without offending the most delicate palate.

A few I know, who are grounded in the good old ways of antiquity, will say that it is all "fudge;" and that when persons get sick, they ought to be thankful for any thing that will do them good. But by such prejudices we ought not, and will soon find that we *must not*, be guided. And those who hold them, will, ere long, be classed in the same category with the surgeons who maintained that pain under their operations was a good thing; and therefore opposed the use of anaesthetics.

In the prosecution of this work (which I am happy to find is already occupying the attention of some of our Pharmaceutists,) I would throw in a caution as to the *size* of pills. It is easier generally to give two, or even half a dozen small ones, than to administer a *bolus;* which if not a relic of barbarism, is at all events rather barbarious treatment.

As to the alkaloids, I am looking forward with confident anticipation to the time when we shall have in this form the active principles of nearly all our vegetable remedies, and hail every one brought forward, as the harbinger of brighter days in store. And I do so because I see in these a greater certainty of nature and action, a more manageable form, and, paradoxical as it may appear, a less dangerous article; because here we can know what, and what strength, we are giving, which either with the crude drug, or the old extracts, would often resolve itself into a very difficult problem, unless ascertained by experimental administration of each individual specimen. And this surely is not a very satisfactory practice.

Then as we have in this form the principles of a goodly number of our best medicines, let us use them; and at the same time urge on our researches until we can command the whole in the same manner; and once fairly tried, they will not willingly thereafter be done without, by any member of the profession.

Account of a Case of Congenital Extrophy of the Urinary Bladder.

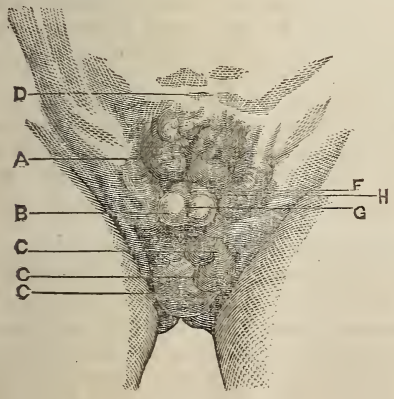
By J. Solis Cohen, M. D.

Of Philadelphia.

The case is that of a lad fifteen years of age, and otherwise fully developed.

Protruding through a fissure in the muscular walls of the abdomen, is a red tumor which is the posterior wall of the urinary bladder, the anterior wall being absent in consequence of an arrest of development. On raising this tumor, close to the walls of the abdomen on each side, may be seen the orifice of the ureters, from which the urine continually drops as fast as conducted down to the basfond of the bladder. Below, is the penis with its glans. The prepuce is deficient, not covering the glans, below which is a little mass of material which may be a substitute for the prepuce. The glans is cleft, and there is a groove extending along the whole upper surface of the penis, which seems to be the lower wall of what would otherwise have been the urethra. The scrotum is unnaturally small, and hangs lower on the right side; the testes are small, and are not descended as low as in the ordinary condition. The prostrate gland can be distinctly felt, and there is, in all probability, an ejaculatory duct and vesiculæ seminales. Upon the left side there is an inguinal hernia, and the abdominal ring on the right side is very large, giving occasional exit to a hernia, when the tumor on the opposite side recedes.

Just above the exposed bladder is a depression, which is the umbillicus, very much dragged down.

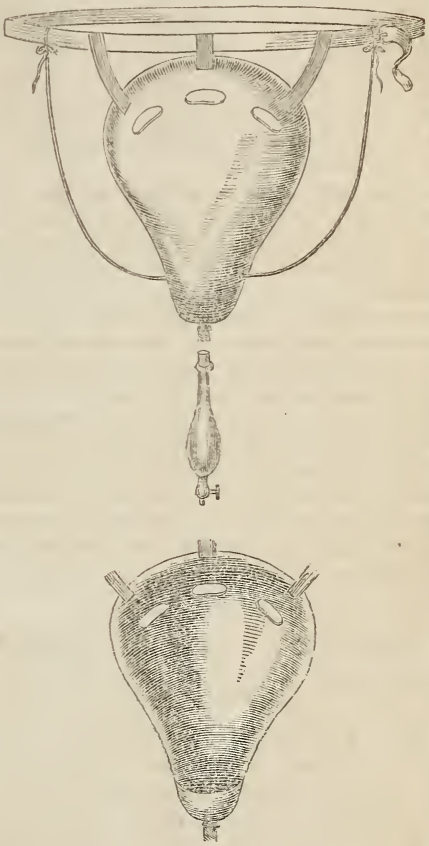


A, The posterior wall of the urinary bladder.
B, The glans penis. C C, The scrotum.
D, The umbillicus. E, An inguinal hernia.
F, A groove along the upper surface of the penis.
G, A fissure in the glans.
H, Point from which the urine is seen to drip.

The preceding figure accurately exhibits the appearance of the parts.

This boy, shortly after his birth, was seen by the late Dr. Mutter, who advised the parents to allow the child to go as he was until he should become fifteen or sixteen years of age, when an apparatus should be made to protect the parts.

An apparatus is being made for him by Mr. Kolbe, of which the accompanying cuts give a front and back view.



It consists of a silver-plated metallic shell, designed to cover the parts and conduct the urine, which collects in its cup-shaped extremity, along an elastic tube to a gum-bag, which is to be secured to the thigh. The bag is furnished with a stop-cock for drawing off the urine as it accumulates. The shell is perforated by three large openings for the admission of air, and it is fastened to the body by appropriate straps.

The exposed mucous membrane of the bladder is very red, and bleeds sufficiently to stain the boy's linen. It is very much thickened

in consequence of its exposure to friction from the clothes, and the action of the air; and it is entirely void of sensation. The parts beneath the bladder are very sensitive, so that an attempt to probe the orifice of the uterus was attended with exquisite pain. The parts are very painful in damp and wet weather, so much so, at times, as to prevent the lad from sleeping, and often causing him to cry out all night. In fine weather, unless the parts are irritated from exertion or external violence, he does not complain of much uneasiness. The pain he describes as sharp and lancinating; and on these occasions his position in bed is on his arms and knees, till there is some relief, or he becomes too tired to remain so, when he turns upon his side. He seems in excellent spirits, and his general health is good.

Such cases as the above, though rare, are not as uncommon as may be supposed. The writer knows of three others now living—one, a lad in Kensington; another, a child in Wilmington, Del.; and the third, is a man in the prime of life, who, for several years, has been in the habit of exhibiting himself at the various medical schools throughout the country. Other cases are on record; for some of which plastic operations have been performed, with the view of concealing the bladder behind two flaps of integument taken from each side of the tumor, and brought together over its surface. The probability of success in these cases is doubtful, and the operation has not the general sanction of the profession.

Illustrations of Hospital Practice.

(Reports of Clinical Service, prepared expressly for the REPORTER, by J. Solis Cohen, M. D.)

PENNSYLVANIA HOSPITAL,

SATURDAY, MAY 5TH, 1860.

MEDICAL DEPARTMENT.—Service of Dr. Levick.*

Typhoid Fever.—This is in an Irish female, sixteen years of age, who arrived in this country eleven days ago, after a voyage of six weeks at sea. She was brought to the house the Monday previous—said to be suffering from diarrhœa, and had had a number of alvine evacuations in the house before active treatment was instituted. It was soon discovered that the diarrhœa was only a symptom instead of the disease. Her face was pale, with a tendency to duskiness about the cheeks; the tongue somewhat furred, and very tremulous; the pulse was over 100; there was disturbance of the nervous system, with loss of hearing; the abdomen was meteoric, and covered with sudaminæ; but there were none of the red spots characteristic of typhoid fever. Examination of the back part of the chest discovered the sonorous and sibilant râles, and also occasional subcrepitant râles, which, with the other symptoms enumerated, showed the case to be one of typhoid fever.

The patient, being much prostrated, was actively stimulated, and has been taking milk-punch every hour, with essence of beef, and also a grain of sulphate of quinia every two hours. On the back part of her chest have been applied cloths wrung out of turpentine, and her position is to be constantly changed to prevent the development of a low form of pneumonia. The patient will be again presented to the class to show the effect of the above treatment.

Profuse Diuresis.—This patient, a middle aged man, represented himself as suffering from diabetes, for which he had been unsuccessfully treated. He has been twice affected with enlargement of the liver, for which he had been profusely salivated each time, with a restoration to health. Last Christmas he was attacked with an unaccountable pain in his eyes; and at the same time he noticed an increase in the quantity of his urine. He applied for relief to an apothecary, who again salivated him profusely, but without effect; and since then he has been treated ineffectually for diabetes by a physician.

He complains of general debility and a feeling of nervousness; has lost flesh, but is not emaciated; his skin is dry, with a tendency to desquamation; he has great thirst and frequent micturition, voiding more than eight pints of urine in the twenty-four hours. The urine is very clear; has no special odor; has a sp. gr. of 1008, and presents no evidence of the existence of sugar. The case, therefore, is one of diuresis, not diabetes.

The excessive discharge from the kidneys is to be checked by promoting the action of the skin. The patient is to take a warm bath every evening, and have his skin rubbed; he is to take small doses of gallic acid and opium, to endeavor to promote the normal action of the skin.

Autopsia Cadaverica—Extensive Cancerous Degeneration of the Internal Organs.—This was made on the body of a patient who had died with symptoms of jaundice, produced evidently from some obstruction, though the precise cause was unrevealed until after death. The patient was a female 46 years of age, who had enjoyed good health until November last, when she became subject to severe attacks of pain in the back, attended by some little vomiting. These pains were often sufficient to cause her to

*The introductory lecture of Dr. Levick will be published in our next number.

faint, and one very severe attack was followed next morning by symptoms of jaundice, which increased until her death. Those in charge of the patient could never detect the existence of any tumor of the liver, and towards the latter part of her life the abdomen was too much distended to allow of any satisfactory examination. The patient was very much emaciated, and gradually wasted away in spite of treatment. The post mortem examination revealed that the liver was small and contracted, and its whole surface studded with numerous little prominences, which seemed to radiate from points like cicatrices. At the gall-bladder, there was an immense deposit of cancerous growth, involving the gall-ducts, and completely obliterating the larger duct, and actually appearing to obliterate the gall-bladder itself, though no attempt was made to dissect out the gall-bladder from the cancerous mass. There was a great mass of cancerous matter at the upper curvature of the stomach, and also at the pylorus, diminishing somewhat the size of the pyloric orifice.

Numerous little cancerous tumors dotted the surface of the peritoneum, and every part of the intestinal canal was covered with cancerous matter, and there was a large amount distributed along the mesentery. At the cœcum, there was an immense collection of fœcal matter, feeling like a tumor, showing that the woman could not have had a free evacuation from her bowels for some months; inflammation had been set up, agglutinating to some extent the surfaces of the intestine. The omentum was very much thickened, and looked like a thick leather apron, being altogether converted into a carcinomatous mass. The spleen had a quantity of this deposit upon it, and also the uterus, and even the ovaries. The kidneys showed small abnormal cysts. The lungs even had a few small cancerous masses disseminated through them. The heart was very much atrophied, and the cavities very small, the organ affording an example of what is known as concentric hypertrophy—there being thickening of the walls of the heart, without dilatation—but on the contrary, atrophy. Every part of the body was stained with the yellowish matter of the bile.

JEFFERSON MEDICAL COLLEGE.

WEDNESDAY, MAY 2D, 1860.

Surgical Clinic by Prof. Gross.

Ozæna.—This is an offensive discharge from the nose, of 8 years standing, in a man 30 years of age. It cannot be learned from the history of the case whether the cause be syphilitic or strumous.

The patient is to be put on a course of iodide of potassium, and bichloride of mercury, in the proportion of 10 grs. of the former to 1-10 gr. of the latter; which is to be continued for a number of months, as no rapid impression can be made on the disease. The bowels are to be kept soluble by 5 grs. each of blue-mass and compd. ext. of colocynth with one gr. of ipecacuanha, administered every 3d or 4th night. The patient is to wash thoroughly every morning, and when the weather moderates, every morning and evening, with tepid water impregnated with salt, mustard, or some other irritating substance; he is to inject twice a day into his nose a solution containing ¼ gr. of sulphate of copper and 2 grs. of tannin, to the ounce of water; using a 4 oz. syringe with a long nozzle perforated at various points, employed with some force, so as to detach any secretion which may have a tendency to adhere to the parts.

His diet is to be nourishing, and he is not to expose himself to the vicissitudes of temperature.

Laryngitis.—This is in a married female. There is complete aphonia. Examination of her throat showed that the uvula had been torn and destroyed, and that the posterior arches of the palate were perforated at two places, but there was no inflamation at these parts; there was manifest thickness of the epiglottis, but no ulceration visible. The patient has been unable to speak for five months, and supposes her difficulty to have been brought on by cold after confinement. The throat was sore two years ago. There may have been some specific disease which has destroyed the uvula and perforated the arches of the palate. It is probable that there is thickening of the mucous membrane of the larynx, and perhaps some inflammation there, the disease being seated in the region of the vocal chords. The woman is losing flesh, is pale, has fever at night, coughs up blood occasionally, and her bowels are costive.

In six years of married life she has had five pregnancies, of which she carried to term two children, now living; while she had three premature deliveries, at 5 and 7 months, the fœtuses presenting evidences of having been dead in the womb, some time before their extrusion. The patient complains of pain in the throat and shoulders, most severe in the night.

The history of the case shows the difficulty, in all probability, to have been brought about by specific disease.

She is to take 10 grs. iodide of potassium and 1-8 gr. bichloride of mercury a day, pushed to slight ptyalism; and a cathartic is to be administered every 4th night, containing 5 grs. each of blue-mass and compd. ext. of colocynth, with 1 gr. ipecacuanha. Every morning and evening, a few drops of croton oil are to be rubbed on the throat until there is a good crop of pustules produced, and then the oil is to be applied less frequently, and in smaller quan-

tity. The larynx is to be swopped once every other day, or every fourth day, with a solution of nitrate of silver, as practised by Dr. Horace Green of New York.

Talipes varus with equineus.—This is a little girl, in whom the difficulty was first noticed some 3 years ago, when she began to walk. The child has been subject to convulsive spasms for two years past. The child rests the weight of the limb on the outer margin of the foot, the inner margin being turned up; the heel being retracted, owing to a shortening of the tendo achilles. The heel could not be brought down by manipulation.

The tendo-Achillis was divided subcutaneously, about an inch above its point of insertion, when the heel came down with an audible snap.

In three or four days a club-foot apparatus is to be applied to the limb, the child being kept quiet in the mean time, and not allowed to walk about.

Extrophy of the Urinary Bladder.—Dr. Gross exhibited to the class a boy with congenital extrophy of the bladder, for whom an apparatus is being made.

A full description of the case and the apparatus, with illustrations, will be found in another part of this number.

EDITORIAL DEPARTMENT.

Periscope.

The Therapeutical uses of Iodine have been very extensively discussed in the Academy of Medicine, in Paris, during the last month. From the debates, as published in the *Gazette Hebdomadaire*, we take the following propositions, laid down by M. Gibert:

"1st. Pure iodine, and especially iodine to which a sufficient quantity of iodine of potasium is added to render it soluble, as f. i. in Lugol's solution, readily exercises toxical effects, or, at least, effects sufficiently irritating to require attentive watching during its administration; the first accidents which occur are symptoms of gastro-intestinal irritation.

"2d. Iodide of potassium, connected with almost no danger, if not given in larger doses than usual, say from 1–3 grammes per day, possesses incontestable anti-syphilitic properties

"3d. The surest method of treating syphilis is that of combining iodide of potassium with mercury. The syrup of the ioduretted deutoioduret of mercury of the French Pharmacopia, M. Gibert considers preferable to the protoioduret; the insolubility and irritative action of the latter upon the intestines, in the opinion of the author, do not warrant the popularity, which the latter preparation has attained.

"4th. The mercurial frictions, recommended by Astruc, and Van Swieten's liquor, should be placed in the first rank of antisyphilitic remedies.

"5th. The anti-scrophulous action of iodine has been exaggerated by Lugol. Internally the effects of iodine are of no value unless combined with hygienic and dietetic measures, which are all-powerful in scrofulous diathesis. But the topical action of iodine preparations, especially of tincture of iodine, is very useful in the treatment of the various complications of this diathesis.

"6th. Practical medicine needs a variety of specifics, and under this head we can congratulate ourselves to the introduction of iodide of potassium in syphilis.

"7th. The iodism observed by physicians of Geneva, is a kind of intoxication, almost unknown to the practitioners of Paris."

Aquatic Tumor of the Labium, by A. L. Underwood, of St. Paul, Ind. (Cincinnati *Lancet and Observer.*) — Dr. McBride, of Dublin, is supposed to be the first British writer upon the subject of sanguineous tumors, or thrombus, the appearance and cause of which he accurately describes in 1776.

Since that time Merriman, Dewees, Denman, Hamilton, Campbell, Velpeau, and other writers, have more elaborately noticed the same thing. From the description by authors, but one opinion seems to exist in regard to its nature and cause. But how can an *aqueous* tumor, developed in the same locality immediately after parturition, be accounted for? When we consider the extreme vascularity of the greater labia, the liability to rupture of some of its blood vessels, thereby necessarily producing a sanguinous tumor, will be very obvious; but what vessels are there that might be ruptured, and the result be an aquatic tumor? Dr. U. gives an instance in which a large tumor, involving the right labium and perineum, was found in a young woman after a natural delivery, which, upon being lanced was found to contain a semi-transparent fluid, entirely clear of sanguineous matter. In twenty minutes the patient was entirely relieved What is the ratonale of this aquatic accumulation.

Fallopian Pregnancy, Rupture, Death.—Before the obstetrical Society of London, Dr. Henry Grace, the *Lancet* reports, related a case of death from rupture of a Fallopian tube. The patient was six or seven weeks advanced in pregnancy. At the post mortem examination about three pints of blood, partly coagulated, were found within the peritoneal sac. The source of this was a rupture of the left Fallopian tube, which was enlarged about its middle to the size of a walnut. On cutting into this enlargement a layer resembling the decidua, presented itself within the tube, connected with the chorion; and on a deeper incision being made through the amnion, about a drachm of liquor amnii escaped, and an ovum of about six weeks was seen. The uterus was neither enlarged nor congested and had no decidua.

Dr. Mitchell's Experiments in the Artificial Production of Cataract.—The original observations of Dr. J. W. Mitchell, of this city, on this subject, have excited much attention from European physiologists. Dr. Richardson, of London, has repeated them fully, and at the last meeting of the London Medical Society, reported the result of numerous experiments. The following is an account of his experiments, with the conclusions drawn from them:

Glycerine.—Two experiments were performed with glycerine. In the first, one drachm of glycerine being injected into the dorsal sac of a frog, there was produced, in three hours, posterior opacity of the lens. In a second experiment, a drachm and a half was injected, which caused death in six hours, without cataract. *Alcohol.*—A drachm of absolute alcohol, injected into the dorsal sac of a frog, caused death in two hours, with extraordinary shrinking of the body, and distinct double cataract posteriorly. Half a drachm of absolute alcohol injected into the dorsal sac of another frog, caused death in six hours, with distinct cataract, but, singularly enough, on one side only. The cataractous condition produced by glycerine and alcohol resembled that produced by sugars. *Chloride of Sodium.*—By introducing into the dorsal sac of a frog, from two to three drachms of a solution of chloride of sodium, of specific gravity 1150, the animal was rendered tetanic; and, in twenty minutes, the limbs were drawn immoveably towards the body, but jactitation of the muscles continued for an hour, when the animal died. Distinct cataract was produced in both lenses before death. In another experiment, a drachm and a half of the solution was used; the same symptoms followed, but more slowly. Distinct cataract resulted. In a third case, one drachm of the same solution was injected; death occurred in two hours, marked cataract having previously appeared. In a fourth case, half a drachm was used; death occurred during the third hour, with the same signs of cataract. In a fifth case, one drachm of solution of chloride of sodium, of specific gravity 1050 was thrown in. In three hours there was distinct double cataract; the animal was immensely shrunken, and the skin was dry, almost like parchment. Placed in water, the animal recovered; and, the water being frequently changed, the cataract entirely disappeared in fifty-three hours. Cataract was reproduced in this animal, again removed, and again reproduced. Dr. Richardson presented the animal, with cataract a third time produced. The character of the cataract produced by chloride of sodium seems to differ materially from that produced by sugar. The lens is much firmer, and the opacity extends through the whole structure. The lens resembles one that has been boiled. *Iodide of Potassium.*—From the chemical analogy between chloride of sodium and iodide of potassium, Dr. Richardson had been led to use the latter salt in the same way; the general symptoms produced were very similar, but the cataractous condition did not result. *Acid Urate of Soda.*—From the fact of the insolubility of the urate, Dr. Richardson said he did not expect that a cataract could be produced by the introduction of this substance into the blood. He did not conceive, that any osmosis could be established by the salt; but an accidental experiment had led him to try what could be done in this direction. On March 2, of the present year, he had commenced to administer to a well fattened and healthy bitch, the acid urate of soda, in doses of two to three drachms daily, with her food. His object was to ascertain whether any affection of the joints would be produced. At this time she had taken nearly a pound of the urate, with no effect whatever on the joints; but, within the last three weeks, with distinct and rapidly-increasing indications of double cataract. The animal was exhibited to the Society. Acting on this suggestion, the author had tried to produce the same effect on frogs, by charging them with the urate of soda, but without any similar result. The occurrence of cataract in the larger animal might therefore be a coincidence; but Dr. Richardson was inclined to think that it was an indirect effect of

the urate, that is to say, he believed that the urate was decomposed in the digestive process, and changed into a soluble salt of soda; which, being conveyed into the blood, produced the cataractous condition. In proof of this, he showed that a solution of lactate of soda, of specific gravity 1060, produced cataract in frogs when injected. Dr. Richardson drew the following conclusions from the experiments: 1. In addition to the sugar-cataract, there is producible what may be called a saline cataract; 2. The appearances of the cataracts as produced by different solutions, vary; thus the cataract produced by chloride of sodium differs from that produced by grape-sugar; 3. The same cataractous appearances can be produced in a clear lens, after removal from the body, by immersion in solutions of sugar, salines, etc.; 4. As the cataractous appearance is modified by the density of the producing body, and is removable by reversing the conditions which have led to it, and as it is producible in a clear lens removed from a body, it is a demonstration that the cataract induced in the different animals is a purely physical—that is to say, osmotic—change.

Discharge of Contents of Ovarian Cyst through the Bladder.—Dr. Ulrich (*Medical Times and Gazette*, April 14th, Monatsschrift fuer Geburtskunde, Band xiii., p. 167) reported this case to the Berlin Obstetrical Society. It occurred in a woman, aged 35, who had suffered for eleven years from abdominal tumors, which were believed to be ovarian. At last acute inflammation set up within the cavity, and, although this was subdued, an abiding tenderness continued. After undergoing a temporary increase, this subsided, and, to the great relief of the patient, a large quantity of thick fluid, containing fatty matters, was discharged through the bladder, so that in a few days several quarts had passed. The tumor diminished in size, a smaller hard portion always remaining. The urine still continues, a year afterward, to occasionally contain fatty and purulent matters, but the woman has become apparently quite restored to health. Prof. Virchow observed that the ovarian origin of this matter could not be called into doubt, the ovarian sebacious glands being the only structure capable of supplying those masses of fat. In fact, the communication of ovarian cysts with the bladder has often been observed; but the dermoid membrane furnishing the fat remaining undestroyed, the discharge, no doubt, would continue to recur.

Reviews and Book Notices.

Lectures on the Diseases of Infancy and Childhood. By CHARLES WEST, M. D. Author of "Lectures on the Diseases of Women;" Fellow of the Royal College of Physicians; Examiner in Midwifery at the Royal College of Surgeons of England, etc., etc. Third American from the fourth revised and enlarged London edition. Philadelphia: Blanchard and Lea.

It is hardly necessary for us to go into an extended review of a new edition of this classic work on the most important and difficult branch of practical medicine. These lectures, to quote the author's own language, "now embody the results of 900 observations, and 288 post-mortem examinations made among nearly 30,000 children, who, during the past twenty years, have come under my care." Based upon such a mass of clinical observations and facts, we are not surprised at the rapid exhaustion of three editions of the work since 1848; and as the importance of the study of infantile pathology and therapeutics, comparatively neglected in former years, is daily becoming better appreciated, both at home and abroad, this new edition, revised and enlarged, so as to keep pace with the rapid progress of the science, will be a welcome, permanent guest in the study of the physician.

The lecture on *Diphtheria* is one of the many to which the author has largely added since the last edition; and, from the interest which attaches to the subject at the present time, the readers will not find fault, if we give a short synopsis of the views of Dr. West. In regard to the pathology of the disease, the author, as might be expected, corroborates the views held by most, if not all, writers on the subject, that the great distinction between it and croup, consists in the one being a *blood disease*, the other a local inflammation. The much-debated question as to the identity of scarlet fever and diphtheria is fully dwelled upon, and the author inclines to the opinion that the two are not identical, though leaving it an open question, which is to be decided by further and more accurate information. Our readers will remember an important clinical observation by Prof. A. Clark, of New York, published in the REPORTER of February 11th, in which the patient, a child eight years of age, was attacked with diphtheria In six days, the diphtheria left the child, and scarlet fever set in, running its course regularly, no diphtheritic exudation whatever taking place during the scarlatina. Scarcely convalescent from scarlet fever, the patient was seized with

measles, which, too, ran its course regularly and well marked. When the measles had left the child, it was again attacked with *diphtheria*, so severely that, at the time when the report was made, the patient was not expected to live. We hardly think that stronger proof can be found of the non-identity of these diseases.

In reference to the treatment of diphtheria, local applications of nitrate of silver in solution, (one drachm to the ounce,) are recommended, and, if this fails, more powerful applications, such as strong hydro-chloric acid, diluted with four to ten parts of honey. "One, or at the most, two applications of the stronger caustics, in the twenty-four hours suffice; and one of the reasons why their use is preferable to the more frequent application of weaker solutions, is, that the act of applying them distresses the child, and is apt to be very violently resisted, so that it is desirable that these contests, which tend of necessity to weaken as well as annoy it should occur as seldom as possible. Regarding the constitutional treatment, this is considered as of the highest importance. It should consist almost exclusively in the administration of food and stimulants, and the employment of tonic remedies Beef-tea must be given from the first, and stimulants must not be long delayed. Quinine, with the tincture of bark and hydro-chloric acid, at short intervals, are the author's favorite tonics. The chlorate of potash he has not found to have any power to control the diphtheritic deposit. Neither has the sesqui-chloride of iron vindicated, in his hands, its claims to that specific virtue to which some practitioners have given it credit. The author, however, states that he does not consider his experience sufficient to warrant his expressing a decided opinion with regard to it, and adds, that on theoretical grounds, it would not be possible to find a remedy more appropriate than iron in cases of diphtheria.

The following two lectures are entirely new: "*On Sudden Death in Infancy and Childhood*," and on "*Cerebral Symptoms Independent of Cerebral Disease*." Two most important additions indeed.

Sudden death in infants bears a remarkable proportion to the whole number of sudden deaths. Out of 627 instances in which death took place suddenly, within the London registration district, in 1854, 236 were cases of infants under a year old. Our space does not allow us to give a full review of this chapter, replete with valuable facts to the practitioner, to which we may refer hereafter. We have only room for the following conclusions:

1. That sudden death in infancy and early childhood is most frequently dependent on spasmodic disturbance of the respiratory process.

2. That the occurrence of a single convulsion from such spasms, renders it in the highest degree probable that others will follow it, and consequently implies a far greater risk of sudden death than exists so long as no such convulsion has taken place.

3. That when any spasmodic disorder of respiration is present, it is impossible to be too careful in avoiding any sudden impression on the nervous system—any sudden change of temperature—any hasty alteration in posture —in short, any cause whatever by which the respiratory process may be disturbed.

We close this hasty notice with the simple remark that no medical library is complete without this last edition of West on Diseases Infancy and Childhood. The "getting up" is in Blanchard and Lea's well-known substantial style and good taste.

Valedictory Address to the Graduating Class of the St. Louis Medical College. Delivered March, 1860. By CHARLES A. POPE, M. D., Professor of Surgery.

Like everything of a literary character emanating from this accomplished teacher, this address is elegant and appropriate. It is one of counsel, inciting to industry and an honorable ambition. While on the subject of books, he thus impresses the necessity of improving the fleeting hours of life:

"Seize the moment of excited curiosity for examining a subject, though you have but a minute of time to devote to it. Vast stores of knowledge have been acquired, and reputations achieved, by improved fragments, the gold dust of time; and a well arranged library is necessary for such a result. Sir Astley Cooper well understood the manner of employing these fragmentary moments of time, for he wrote or dictated most of his works while riding in his carriage through the streets of London, in his daily rounds of professional visits. He was thus enabled to accomplish an amount of work which seems almost incredible, and to raise his professional income from twenty-five dollars the first year of his practice, to the large sum of a hundred thousand dollars per annum. Thus, whether achieving professional or any other renown, we acknowledge the truth of the energetic words of Dante: 'Sitting or lying down, man marches not to glory. He who consumes his life in idleness, leaves no more trace on earth than the smoke on the air or the foam upon the sea.'"

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MAY 12, 1860.

"POISONED BY MISTAKE."

We can scarcely take up a newspaper without finding an item such as heads this article. "Poisoning by mistake," is an evil which may be avoided to a great extent, by proper attention and precaution in the sale and dispensing of poisonous drugs. So much has already been said and written on the subject, and it is so thoroughly understood by medical men, and the *necessity* of adopting strict measures has been so often and strongly urged in the pages of the REPORTER, that we consider it unnecessary to go into any lengthy argumentation. We are glad, however, to receive and lay before our readers practical suggestions and plans, which will tend to lessen the danger arising from the sale of poisonous drugs, and thus ultimately to save the lives of not a few.

An esteemed correspondent from Newark, in view of some recent cases of poisoning by mistake, among which he mentions one where a whole family was nearly killed by arsenic, which had been mistaken for saleratus, and mixed with pastry, suggests that *arsenic*, whenever sold for destroying rats or vermin, should be mixed with lamp-black, or Armenian bolus, which are cheap articles, and would not interfere with the efficiency of the poisons. The article thus colored should, furthermore, be wrapped up in red paper, marked with the skull and cross-bones—signs which even those who cannot read the word "poison" can readily understand. It will be remembered, that, in England as well as in Germany and France, all these precautions are taken, and, as a consequence, these fatal mistakes, with which the newspapers of our country teem, are there of comparatively rare occurrence. With fluid poisons, the English system of colored *bottles*, with the warning sign of the skull, etc., should be adopted.

The special committee appointed at the Quarantine and Sanitary Association last year, will, at the coming meeting in Boston, probably report the plan and draft of a law, covering the whole ground of regulating and restricting, as far as is necessary, the sale of poisons, as well as of quack and patent medicines.

All this, however, is not sufficient to remedy the evil. It requires strong influences and energetic work to induce our State Legislatures to *pass* such laws, and a strict and intelligent MEDICAL *supervision* to carry them out. To accomplish this, it is necessary that the medical profession should take action in the matter, both collectively and individually. We say *individually*, for in such things the influence and exertions of a few energetic men often accomplish more than the mere resolutions and plans of large bodies.

THE PRESIDENCY OF THE AMERICAN MEDICAL ASSOCIATION.

In noticing the approaching meeting of the American Medical Association at New Haven, the editor of the *American Medical Gazette* uses the following language:

"As the high honor of the Presidency was awarded to New Haven when the Association last met in New York, may not a fair reciprocity prompt our brethren there to relinquish, as we did, the prescriptive claim which usage has so often conferred upon the place of meeting, and which, it seems, is to be contested in certain quarters? Should such be the disposition manifested at New Haven, we propose that they compliment New York in turn, by the nomination of *Prof. Valentine Mott*," etc.

No man knows better than the editor of the *Gazette*, the fallacies contained in this statement. The Presidency was not *awarded* to New Haven as a *compliment*, as his language would imply, but because the quarrel between rival factions in New York was so fierce and bitter, that a harmonious election was impossible.

The friends of Dr. Francis would not permit the election of Prof. Mott, and *vice versa*, so that, it being apparent that no man from New York *could be elected*, it was proposed to compromise by going out of the State, and electing Dr. Knight, of Connecticut, to the

presidency. When our brethren in Connecticut find themselves at a "dead lock," and unable to agree upon a candidate for the presidency, it will be time enough to "*compliment* New York in turn;" but as the opinion of the profession in New Haven is unanimously in favor of a distinguished physician of that city, the compliment sought will necessarily be postponed.

Take it all in all, we regard this attempt of the *Gazette* to forestall the action of the Association, as an impertinence which will be frowned upon by the profession generally, but by no one more heartily than the eminent and veteran Professor to whom he refers.

Correspondence.

"A NEW THEORY OF PHTHISIS."

Davenport, Iowa, May 3d, 1860.

Editors Medical and Surgical Reporter:—In the April 21st number of your journal, I read, under the caption of "*A New Theory of Phthisis*," a notice of a work lately issued in London, with the title of "*Consumption, its True Nature and Treatment*, by Godwin Tims, M. D."

From some recent editorial observations in reference to the *N. Y. Journal of Medicine*, I infer that you are disposed to "encourage American talent and research," and give due credit to discoveries in medical science made in this country. Now the truth is, this *new theory* was announced to the profession by myself, in a paper on the "Medical Properties and Therapeutic Effects of the Chlorate of Potash," published in the *N. Y. Journal of Medicine*, in July, 1859, nearly a year ago, which article has been republished in several medical journals in England.

Allow me to call your attention to pages 24 and 25 of that number of the *N. Y. Journal*, and you will find that Dr. Tims has been anticipated by an American. But, as often happens, a new theory in medical science, or an improvement in practice, can be recognized only after its promulgation from the other side of the Atlantic. In his therapeutics, as deduced from this theory, Dr. Timshas not, in my opinion, yet reached the *true* and appropriate method, as I am prepared to show by a report which I may ere long present before the profession.

I will quote from the paper referred to: *N. Y. Jour. of Medicine*, July, 1859, page 24.

"As most of the products of inflammation consist of protein compounds in some form or combination, the addition of one or two equivalents of oxygen will render them soluble by conversion into the *deutoxide* or *tritoxide*, and permit their absorption by endosmosis into the adjoining vessels. Even tubercular deposits are known to consist principally of protein compounds, and we all know that the most effectual means of retarding or preventing their development consists in active out-door exercise, in the pure air of the country, by which the system is supplied more freely with oxygen, *and the effete products of interstitial decay more rapidly removed.* Absolute deprivation of exercise, even in pure air, will lead to the deposit of tubercles.

This has been well illustrated recently by Drs. Byford and Graham, of Chicago, in experiments upon animals, and confirmation of the opinion is found in the lungs of stall-fed cattle, the same as in the caged monkeys of Paris The rationale of this can be readily understood when we consider that the circulation is of necessity retarded by want of exercise, and this involves *an imperfect removal from the system of such portion of the products of organic decay which result in the deposit of tubercles.* The same effect is more frequently the result of living in crowded and ill-ventilated apartments, where the inmates habitually breathe an atmosphere not only rendered impure by exhalations from the lungs, but also rendered less vitalizing by containing a lower per centage of oxygen. Now, although the blood may circulate freely enough by means of exercise, yet it has not sufficient power, by means of a due proportion of oxygen, to carry on, in a healthy manner, all the functions of the body, *and, in the same ratio, remove all its impurities. The most uniform effect of this retention is a tubercular deposit in the lungs or elsewhere*, and this effect is most marked where the two causes are combined, viz.: a lack of exercise while living in crowded and ill-venlilated apartments."

Now please compare the above, and particularly the passages underscored, with the pathological views of Dr. Tims, as published in your journal, and you will see plainly that the credit of priority in the discovery or announcement of these "pathological views," involving "*A New Theory of Phthisis*," belongs not to Dr. Tims and his country.

Yours, respectfully,

E. J. Fountain.

MERCURY IN HYDROPHOBIA.

Marksville, La., 7th April, 1860.

Messrs. Editors.—My attention having been quite recently directed to an article in one of the late numbers of your valuable periodical, March 17, 1860, having for its title, "Hydrophobia successfuly treated with Mercury," by Dr. Ligget, taken from the last issue of the American Journal of the Medical

Sciences, has induced me most respectfully to submit for your consideration the few following remarks. The use of mercury is no novelty in the therapeutics of so terrible a disease as hydrophobia. The late Professor Potter, of the University of Maryland, with all the powers of a great and commanding intellect, strenuously and eloquently urged the administration of mercury as the ultimatum, the very sheet anchor of our hope, when called to treat a case of the kind. In his lectures on the theory and practice of physic, which I had the honor and pleasure of attending years long since gone, I was given to understand that he had treated successfully many cases of hydrophobia by pushing mercury to the point of ptyalism; he likewise informed us that he was in the habit of resorting to the remedy as a prophytactic when the disease was about to come on, and always with the effect of preventing the development of the symptoms. The eminent Professor no doubt learned this practice from his matchless and eloguent preceptor, the good and great Rush, of whom may it be truly said, like his faithful and enthusiastic pupil, "nil tetigit, quad non ornavit."

Truly and respectfully,

Your obediant servant,

G. E. ELMER, M. D.

Items and Miscellany.

The Ethical Condition of the Profession in California.—Dr. R. B. Carman, of San Francisco, presents in the *San Francisco Medical Press*, the following as his appreciation of the profession in California:

"Seldom do I meet with that dignified and gentlemanly courtesy that belongs to men of education, at the hands of my compeers in this community. Nay, I will speak plainly, the conduct of some medical practitioners here towards their brethren is unmanly and unworthy the name of gentleman, because it is devoid of principle. Why all this? Simply because the profession is divided within itself; we have feuds, cliques, and sects, all antagonistic to each other. Hence we have engendered animosities which lead to forgetfulness of duty and even of identity. Not only do members of our profession disregard the rights and privileges of other members of the faculty, but all professional etiquette is ignored; patients are taken indiscriminately from one another; remarks are circulated, derogatory to each other, without inquiring into the merits or qualifications of those that are slandered, and every consideration, that common courtesy demands, is overlooked with the greatest impunity. The only resource left to those disposed to do their duty, is to demand satisfaction at the mouth of the pistol. To do this it would be necessary for one to possess many lives, in order to force his compeers to act their part as they should; but, unfortunately, we have but a single life, and that we consider too precious to jeopardize against another not deserving such notice, for when a man acts the ruffian he cannot be considered a gentleman by gentlemen."

It is hoped that the above is an exaggeration; but if the belligerant tone of the medical journals of California is any indication of the social state described, the profession, in that region, must indeed be in a depraved state.

A New Dodge—Spiritualism in Medical Practice.—The *New York Daily Times* is responsible for the following. A short time since the child of one of our up town families was suddenly seized with a sickness, which seemed so serious that immediately the family physician, a man of long beard, long bills, and its accompaniments, was sent for in great haste; but alas, he came not, and the sudden culmination of the disease into a terrific convulsion compelled the family to abandon their regular doctor and send for the nearest one, who proved to be an educated man of the old school—a serious objection, indeed, to the family, but which, in their distressed situation, could not well be helped. The character of the difficulty was quickly perceived, and an emetic speedily removed a quantity of undigested and improper food, restoring the child to comparative health. The thanks of the whole family were prodigally bestowed upon the physician, the preserver of their child, who was requested to continue his attendance till the child was entirely recovered. The next morning brought the tardy Dr. Pellets, who was met with a storm of reproaches for his neglect and inattention, and with the statement that if they had waited for him their chlid would now have been a corpse, and that now, as the doctor had done so much for them, they could never repay him, and he should continue to attend the child, and an intimation was held out that they should continue to employ him in the future. Dr. Pellets could not afford to lose so valuable a family without a struggle to retain it; so he said, commisseratingly: "I regret, my dear madam, the alarm you have been under and the danger in which your darling beautiful has been. At what hour did you

say the child began to improve?" "It was just as the clock struck four," was the answer. "Ah, my dear lady, I thought it was so. It was five minutes before four o'clock when I entered my house and saw your call on my slate. My spirit was put into immediate communication with your child, and through it I was enabled to act upon the convulsed spirit of your charming little cherub!" "Is it possible, my dear Doctor Pellets? We thought it was almost a miracle, and foolishly attributed it to the action of this allopathic's poisonous emetic, which indeed only brought a few raisin skins and stones and a little bit of mince pie it had eaten! Ah! Doctor, forgive us for doubting you, and the hard words and harder thoughts we have had for you."

Poor Dr. Squills was incontinently, most unceremoniously, kicked out, and the spirits are in full favor. Even a doctor with journeymen assistants can't compete with one who has spirits at command with less trouble than Alladin.

The Peninsular Medical Journal, a monthly, hitherto conducted with much energy and ability by Profs. Gunn and Palmer, of Detroit, made its last appearance. The reason is, that the expenditures of the Journal were larger than the receipts. We are sorry to make this announcement. The "Peninsular" was one of the best and most high-toned of our exchanges.

The Georgia Medical and Surgical Encyclopedia, is a new medical monthly, having made its first appearance this month. It is edited by Horatio N. Hollifield, M. D., and Tom W. Newsome, M. D., of Sandersville, Ga. Its motto is, "Lege totum si vis scire totum."

Apropos,— we do not exactly understand how this motto agrees with the following, contained in the prospectus of the "Encyclopedia:"

"Trusting that our pages may, however, occasionally be perused by other than medical men, we shall, as far as practicable, avoid introducing such topics as might offend the modesty of our readers, although they might otherwise be a legitimate subject of medical communication."

What, we ask "*modestly*," are these legitimate subjects of medical science that might offend "modesty," and *who* are the readers of the "Encyclopedia" that might so become offended? Will our worthy confrères enlighten us on these points?

At the meeting of the convention for revising the U. S. Pharmacopœia, recently held in Washington, the following Committee on Revision and Publication was appointed, and instructed to publish the revised Pharmacopœia, and report their action to the next convention in 1870:

Dr. Franklin Bache, of Philadelphia; Dr. E. R. Squibb, of New York; Dr. T. C. Carney, of Massachusetts; Dr. Geo. B. Wood, of Philadelphia; Dr. H. T. Cumming, of Maine; Mr. Wm. Proctor, of Philadelphia; Mr. Ira Carson, of Philadelphia; Mr. Wm. S. Thompson, of Baltimore; and Mr. A. B. Taylor, of Philadelphia.

A resolution was offered and adopted, that, in the index of the Pharmacopœia, the syllables of both Latin and English names be so divided and accented, that the index may also serve as a pronouncing vocabulary to the Materia Medica.

Army and Navy Intelligence.—Assistant Surgeon A. K. Smith, now at Barrancas Barracks, Fla., has been ordered to repair to Fort Randall, to join at that post the three companies of the Second Infantry, under orders to proceed from Fort Laramie to Fort Abercrombie, *via* Fort Randall, with which command he has been assigned to duty.

Surgeon T. C. Madison has been assigned to duty, with the command, under orders for an expedition against the hostile Kioways and Camanches, and will accompany the four companies of the First Cavalry to leave Fort Riley on the 15th of May.

Surgeon Madison Mills has been ordered to repair to Fort Riley on or before the 10th of May, and relieve Surgeon T. C. Madison.

Surgeon Pinkney, late of the San Jacinto, has been condemned by a medical jury, and ordered home.

Leave of absence for eight months, for the benefit of his health, has been granted to Assistant Surgeon C. G. Hallenbush, Medical Department.

Leave of absence, for three months, has been granted to Assistant Surgeon G. K. Wood, Medical Department.

Joseph Rowland Hill, of Pennsylvania, was confirmed by the Senate, on the 13th ult., as Assistant Surgeon in the Army from that date.

Acting Assistant-Surgeon Peters is assigned to Fort Davis, Texas. Assistant Surgeon Sutherland proceeds to Fort Duncan, and will relieve Dr. Olmstead, who will be discharged from service.

Medical Autographs.—A sale of interesting medical autographs is shortly to take place at Paris. Amongst them, is one of Ambrose Paré, in which he gives a receipt of 25 golden crowns for half a year's dividend on the stock of the city of Paris; the bulletins respecting the health of the Duchess of Berry and the Duke of Bordeaux, signed by Dupuytren. Also, the autographs of Helvetius, the introducer of ipecacuanha; of Boerhaave, Berzelius, Magendie, Broussais, and others.

Prizes offered by Medical Societies.—The Medical Society of Bordeaux offers, for 1860, a prize of £12 on the following question: "On the Prophylaxis of Tuberculosis." For 1861, a prize of £20 on the following subject: "Show, by well-observed and severely controlled facts, whether Disturbances of the Will are independent of Disturbances of the Intelligence; and settle what circumstances constitute a man irresponsible for his acts. What requests could, in this respect, be offered to Government as to a change in the law?" The essays, which may be written in Latin, French, Italian, English, or German, should be sent to M. Dégranges, Secretary to the Society, 25 Rue Ste. Catherine, Bordeaux, before September 12th.—*Lancet.*

Amount of Oxygen in the Atmosphere.—It has been calculated, that, if there were no causes to return the Oxygen abstracted from the air by respiration, combustion, and decay, the human race could, notwithstanding, live 903,030 years.

Swift's Skull and Phrenology.—In 1835, (ninety years after his death,) Swift's skull was examined as a matter of scientific curiosity. Phrenologically, it was a disappointment—the extreme lowness of the forehead striking every one, and the so-called organs of wit, casualty, and comparison, being scarcely developed at all.

The Somniferous Effects of Opium, and of other narcotic plants, were very well known to the ancients. In describing the dwelling-place of Somnus, the God of Sleep, Ovid, in his Metamorph. pictures it as a dark cavern, around the entrance of which grow somniferous plants:

"Ante fores antri fecunda *papaver* florent
Innumeraeque herbæ, *quarum de lacte soporem*
Nox legit et spargit per opacas humida terras."

The Heart's Contractions.—If we take seventy contractions of the heart per minute, as the average number in man's life from the cradle to the grave, we obtain the enormous sum of 524,160,000 contractions during a lifetime of seventy years.

Spasmodic Sneezing—Dr. Mosler, of Giessen, relates a curious case of spasmodic sneezing. A girl, twenty-two years of age, who was suffering from an affection of the right ear, as a sequel of typhoid fever, was suddenly attacked with continued sneezing, which lasted for twenty-four hours. Taking only six fits of sneezing for each minute, which is less than actually occurred, we would have 8,640 sneezings during the 24 hours.

On the 23d ult., Dr. Isaac H. Hampton, of Bridgeton, N.J., celebrated his golden wedding. Fifty years of wedded life with a congenial companion, is an agreeable offset to fifty years of arduous professional toil!

—o—

To Correspondents.

Dr. E. L. M.—Asthma is one of the diseases in which a great variety of remedies have been used with more or less success. The class of narcotics is generally placed by authors at the head of the list; yet we think that they should be used with caution and not be persisted in, if speedy favorable effects are not produced. Inhalations, smoking of stramonium leaves possess considerable reputation. We have found iodide of potassium, in scruple or twenty-five grain doses very useful in this disease. *Nitric acid* is highly recommended in large doses by good authority. It is a strong oxydizing agent (NO_5) and its effects may be due to the large supply of oxygen which it yields, thus counteracting, in a measure, the insufficient decarbonization of the blood, which results from difficulty of respiration.

It will be remembered that nitric acid has been used with much benefit and success in another affection, also characterized by insufficient aeration of the blood namely in hooping cough. The chlorate of potass might be used with benefit.

The most recent treatment is that of subcutaneous injection o narcotics, especially sulphate of atropine upon and along the course of the pneumogastric nerve. M. Courty, not long ago, reported to the French Academy a memoir, on this subject. He details several successful cases. The strength of the solution injected by Courty was one part of the sulphate of atropine to one hundred of water; of this, six drops were first injected, and produced temporarely marked toxic effects. In four days the operation was repeated three times, the quantity of the injected solution being increased one drop; the patients were entirely relieved. The mode of procedure was to take a subcutaneous injection-troikart, insert it at the edge of the sterno-cleido mastoid at the level of the thyroid cartilage and inject the solution along the course of the pneumogastric nerve. After every operation the symptoms of atropine poisoning occurred, lasting from eight to twelve hours. These were combattted by sinapisms, opium, etc. This mode of medication requires still further investigation, and should be used with great caution.

Dr. W. S., Miss.—In preparing Clemens' tonic, alterative and resolvent solution of arseniated bromide of potassium, the ordinary potassa carb. may be used instead of the old-fashioned, so called potassæ subcarb. e tartaro. Of the former however, a few more grains should be used, than when the latter is taken, so as to compensate for the larger amount of water in the ordinary carbonate, which is a more hydrated salt. We give the formula again:

Take: Arsenious acid, (the common white arsenic of the shops,)..... one drachm.
Carbonate of potassa,.. one drachm and fifteen grains.

Boil with half a pound of distilled water until both are perfectly dissolved; cool and add distilled water sufficient, to make a twelve ounce solution. Finally, add pure bromine, two drachms. The solution must be shaken several times daily for a week; it will become colorless in four weeks time, when it is ready for use, and must be kept in the dark. The dose is 3 to 4 drops in a glassful of water, once or twice a day.

A correspondent asks us whether we do not pay the postage on the REPORTER. No! The postage, if prepaid at the place where the Journal is received, amounts to only 13 or 14 cents per annum.

COMMUNICATIONS RECEIVED.—*Connecticut*, Dr. S. G. Hubbard—*Delaware*, Dr. H. F. Willis, (with encl.)—*Georgia*, Dr. Omar H. Paull, (with encl.)—*Illinois*, H. W. Kendall, (with encl. for Dr. M. M. Bane,) Dr. E. D. Gates—*Iowa*, Dr. Geo. M. Staples, (with encl.) Dr. J. M. Adler, Dr. E. J. Fountaine—*Kansas*, Dr. Alfred A. Woodhull, (with encl.)—*Massachusetts*, Dr. C. Burnet Smith, (with encl.)—*New York*, Dr. C. M. Kingman, (with encl.,) Dr. Geo. W. Cook, (with encl.,) Dr. H. B. Wilbur, (with encl.,) Dr. J. B. Hayes—*North Carolina*, Drs. Patterson and Stewart, (with encl.)—*Pennsylvania*, Dr. J. H. Wilson, Dr. D. A. Arter, (with encl.,) Dr. Geo. Mays, Dr. John W. Thompson—*Tennessee*, Dr. James H. Snodgrass—*Texas*, Dr. J. Thomas Russell.

Office Payments.—Dr. Ambrose Schelly; Dr. C. P. Beshell; Dr. J. H. Townsend; Mr. J. F. Ord, (adv.;) Dr Samuel H. Harry; Dr. Samuel M. Harry.

——o——

MARRIAGES.

COSBY—JOHNSON.—April 18th, at Fort Mason, Texas, at the residence of Capt. W. Johnson, U. S. Army, by the Rev. R. F. Bunting, Lieut. George B. Cosby, U. S. A., and Miss Antonia B., daughter of Dr. John M. Johnson, of Paducah, Ky.

J. JACOB TEUFEL,

MANUFACTURER OF

SURGICAL AND DENTAL

INSTUMENTS AND TRUSSES.

103 South Eighth St., 3d door below Chestnut,

PHILADELPHIA.

☞ *A large assortment always on hand.* ☜ 186

TO PHYSICIANS.

WANTED, A PARTNER IN THE PROPRIETORSHIP OF an Institution, and a large Practice connected therewith. To a well-qualified Physician, who can furnish $3,000, this offers unusual pecuniary and professional advantages.

Applications to be addressed to

WILLIAM LEWIS, M. D.
Care of J. H. Rosenbaum,
Box 3,219, New York, P. O.

WANTED.

SEVERAL PERSONS TO TRAVEL AS **AGENTS** TO OBtain subscribers for this Journal. Students or young graduates would find this pleasent and profitable employment, as we allow a liberal percentage for new subscribers, and the exceedingly practical and popular form and low price of the REPORTER, will induce most physicians to subscribe to it if called upon.

None need apply without good recommendations. Address the Editors

Anatomical, Pathological, and Microscopical Preparations.

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS intrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood cut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILUSTRAION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION intrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS, M. D.
768 Florida street, Philadelphia.

REFERENCES.

JOSEPH PANCOAST, M. D., Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.
D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.
ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.
J. DA COSTA, M. D., Physician to the Episcopal Hospital.
F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital.
Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN,** No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved
RADICAL CURE and other TRUSSES,
FEMALE SUPPORTERS,
SHOULDER BRACES,
ELASTIC STOCKINGS,
SPINAL APPARATUS
For weak and curved spines, and
INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

PHILADELPHIA HOSPITAL.

MANY IMPORTANT WORKS ARE MISSING FROM THE Medical Library of this Hospital. Persons having volumes out, will please return them, or any one capable of giving information regarding missing volumes, will oblige by communicating with the undersigned.

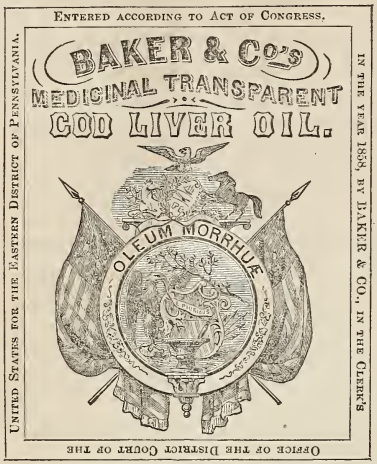
S. W. BUTLER, M. D., Librarian.
April 28, 1860.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICIN Chests. MEDICAL SADDLE-BAGS and Medical Pocke Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

The most Reliable, Efficacious, and Scientific Remedy for

CONSUMPTION, SCROFULA, DEBILITY, &c.


ENTERED ACCORDING TO ACT OF CONGRESS,
IN THE YEAR 1858, BY BAKER & CO., IN THE CLERK'S
OFFICE OF THE DISTRICT COURT OF THE
UNITED STATES FOR THE EASTERN DISTRICT OF PENNSYLVANIA.
BAKER & Co's
MEDICINAL TRANSPARENT
COD LIVER OIL.
OLEUM MORRHUÆ

which, from its long established and well-tested reputation for purity, freshness, uniformity of character, and superiority of its mode of preparation, from the most eminent of the medical profession throughout the country, the distinguished faculty of the oldest and best medical colleges, the University of Pennsylvania, and thousands of invalids—claims the patronage and confidence of all who desire the advantages of a superior and genuine article.

As the value of this remedy depends solely on its genuineness, invalids should be careful to take only that of undoubted reputation, as its qualification cannot be ascertained by observation.

For testimonials, see the pamphlets accompanying each bottle, and be sure to procure only "J. C. BAKER & CO.'S PHILADELPHIA COD LIVER OIL," which is to be had of all apothecaries, and from the proprietors.

BAKER & CO.,
175 154 North Third Street.

TRUSS

AND

BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES, (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

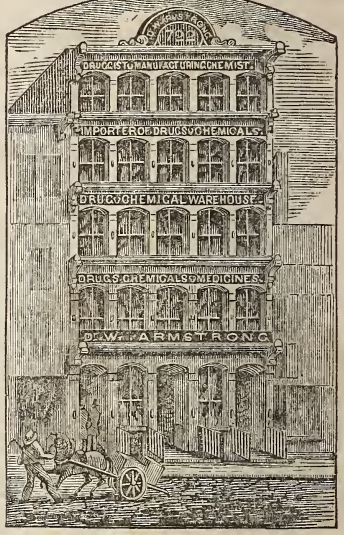
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with the above, with flattering results. 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.



Also a general Assortment of Concentrated Medicines, from the Laboratories of MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut.	2 to 5	1 50
Aluuin	Res. Rd. Neut	2 to 10	75
Apocynin	Rd. Res. Neut	½ to 3	2 00
Asclepin	Rd. Neut	1 to 5	1 50
Baptisin	Res. Neut	1 to 8	1 00
Barosmin	Res. Neut	1 to 3	2 00
Caulophylin	Rd. Neut	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut	2 to 5	1 25
Chimaphilin	Res. Rd. Neut	2 to 5	1 00
Collinsonin	Res. Neut	2 to 5	2 00
Colocynthin	Rd	½ to 2	2 00
Cornin	Rd. Neut	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut	1 to 3	3 00
Cypripedin	Rd. Neut	2 to 4	1 00
Digitalin	Rd. Alk. two Neut	½ to ½	1 50
Dioscorein	Res. Neut. M. R.	2 to 5	1 50
Enonymin	Rd. Alk. Neut	1 to 4	2 00
Enphorbin	Rd. Neut	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk	2 to 5	1 50
Fraserin	Res. Neut. and M. R.	2 to 10	1 00
Gelsemin	Rd. Alk. Neut	¼ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd. Neut	3 to 8	2 00
Hamamelin	Res. Neut	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut	⅛ to ½	2 50
Irisin	Res. Rd. Alk. Neut	1 to 3	1 00
Jalapin	Res	2 to 5	1 50
Juglandin	Rd. Neut	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut	2 to 5	60
Lupulin	Res. Rd. Neut	1 to 4	75
Lycopin	Rd. Neut	1 to 4	1 00
Macrotin	Rd. Alk. Neut	½ to 2	60
Menispermin	Rd. Alk. Neut	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut	½ to 3	1 00
Podophyllin	Rd. Alk. Neut	½ to 3	60
Populin	Rd. Neut	2 to 5	50
Prunin	Rd. Neut. Amyg	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to and sent to all parts of the United States, by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Phila'a.

J. M. MIGEOD,

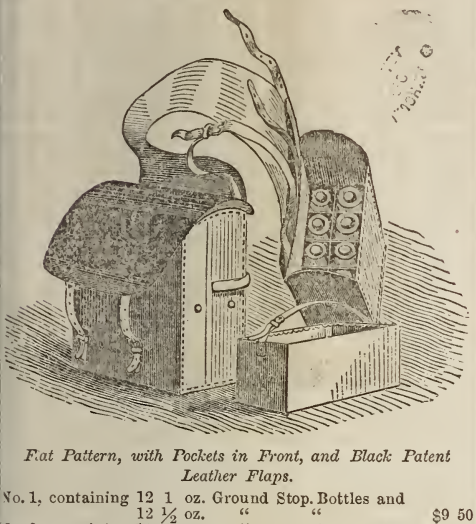
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Fat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50

No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50

No. 3, containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50

No. 5, " 20 1 oz. " " 9 50

No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50

No. 8, " 20 1 oz. " " 9 50

No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00

No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50

No. 3, containing 18 1 oz. Ground Stop. Bottles,
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00

No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50

No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00

No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50

No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" 4 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116. t. f. B. FRANK. PALMER

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN. Approved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

ELECTRO-MAGNETIC

AND

MAGNETO-ELECTRIC MACHINES

AND TELEGRAPH REGISTERS.

Receiving Magnets, Keys and Zincs,

MANUFACTURED AND FOR SALE BY

W. C. & J. NEFF,

No. 3½ SOUTH SEVENTH STREET,

PHILADELPHIA.

HUSBAND'S

ISINGLASS ADHESIVE PLASTER.

THIS PLASTER has been found to be admirably adapted to strapping after surgical operations, and as a dressing to either incised or lacerated wounds. It is cleanly, of easy application, adheres firmly *without producing inflammation*, and being semi-transparent, allows of an examination of the parts without their having to be disturbed by its removal, until, in many instances, the cure is effected. This Plaster is not affected by age, and will bear exposure to any climate.

Professor MUTTER, in his late edition of Professor Liston's Lectures on Surgery, &c., remarks that "the Isinglass Plaster, referred to by Mr. Liston, is exceedingly well made by Mr. Husband, of this city; and for some time past I have almost abandoned the use of the old adhesive plaster of the shops, which often, in persons of a delicate skin, or children, produces troublesome irritation."

For sale by the Druggists, and by

T. J. HUSBAND,

173 N. W. Cor. Third and Spruce sts., Philada.

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS,

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P.	$0 37½
Aloes et Assafœt: U. S. P.	37½
Aloes et Ferri	37½
Pulv: Aloes, Socot: ½ gr.	
" Zingib: Jam: 1 gr.	
Ferri Sulph: Exsic: 1 gr.	
Ext: Conii ½ gr.	
Aloes et Mastich: (See Pil: Stomachicæ)	37½
Aloes et Myrrhæ, U. S. P.	37½
Anderson's Scots:	37½
Pulv: Aloes Socot:	
" Sapon: Hispan:	
" Fruct: Colocynth:	
" Gambogiæ	
Oleum Anisi	
Anti-bilious (Vegetable)	37½
Pulv: Ext: Coloc: C: 2½ grs.	
Podophyllin ¼ gr.	
Assafœtidæ, U. S. P.	37½
Bismuth: Subnit: 3 grs.	37½
" Subcarb 3 grs.	37½
Calomel: 3 grs.	37½
" Comp: (Plummer's) 3 grs.	37½
Calomel	
Oxysulph Antimony	
Guaiacum Resin	
Calomel et Opii	37½
Calomel 2 grs.	
Opium 1 gr.	
Cathart: Comp: U. S. P.	37½
Cinchon: Sulph: 1½ grs.	50
Cook's, 3 grs.	37½
Pulv: Aloes Soc: 1 gr.	
" Rhei 1 gr.	
Calomel ½ gr.	
Sapo Hispan: ½ gr.	
Colocynthidis Comp: 3 grs.	37½
Ext: Coloc: Comp: U. S. P.	
Copaibæ, U. S. P. 3 grs.	37½
Copaibæ et Ext: Cubebæ	37½
Pil: Copaibæ. 3 grs,	
Ext: Cubebæ 1 gr.	
Copaibæ Comp:	37½
Pil: Copaib:	
Resin Guaiac:	
Ferri Cit:	
Ext: Cubeb:	
Fel Bovinum,	50
Inspisated Oxgall 2 gr.	
Powd: Jamaica Ginger, 1 gr.	
Ferri (Quevenne's) 1 gr.	37½
Ferri Carb: (Vallett's) U. S. P. 3 grs.	37½
Ferri Citrat: 2 grs.	37½
Ferri Comp: U. S. P.	37½
Ferri Iodid: 1 gr.	50
Ferri Lactat: 1 gr.	37½
Ferri et Strychniæ	62½
Strychniæ 1-60 gr.	
Ferrum per Hydrogen (Quevenne's) 2 gr.	
PIL: Ferri Valer: 1 gr.	75
Ferri et Quin: Cit: 1 gr.	50
Ferri et Strychniæ Cit: 1 gr.	37½
Strychnia Cit: 1-50 gr.	
Ferri Cit: 1 gr	
Galbani Comp: U. S. P.	37½
Hooper (Female Pills)	37½
Hyd argyri, U. S. P. 3 grs.	37½
Ipecac et Opii, 3½ grs.	37½
Pulv: Doveri, U. S. P.	
Opiii, U. S. P. 1 gr.	37½
Opii et Camphoræ	50
Pulv: Opii, 1 gr.	
Camphoræ, 2 grs.	
Opii et Plumbi Acet:	37½
Pulv: Opii, ½ gr.	
Plumbi Acet: 1½ grs.	
Quiniæ Sulph: 1 gr.	62½
Quiniæ Sulph: 2 grs.	1 00
Quiniæ Comp:	75
Quin: Sulph: 1 gr.	
Ferrum per Hydrogen (Quevenne's) 1 gr.	
Acid Arsenious 1 60 gr.	
Quiniæ et Ext: Belladon:	62½
Quinia Sulph: 1 gr.	
Ext: Belladon: ½ gr.	
Rhei, U. S. P.	37½
Rhei Comp: U. S. P.	37½
Scillæ Comp: U. S. P.	37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr.	37½
Pulv: Aloe Scott:	
Gum: Mastich:	
Flor: Rosæ	
Zinci Valerian: 1 gr.	75
GRANULES, Acid: Arsenious, 1-20 gr.	25
" " 1-50 gr.	25
Aconitia, 1-60 gr.	50
Atropia, 1-60 gr.	50
Corrosive Sublimate, 1-12 gr.	25
Digitalin, 1-60 gr.	50
Elaterium (Clutterbuck's) 1-10 gr.	38
Extract Belladonna, Eng: ¼ gr.	25
" Cannabis Indica, ¼ gr.	37½
" Hyoscyamus, Eng: ½ gr.	25
" Nux Vomica, ½ gr.	37½
Mercury Iodide, ¼ gr.	25
" Red, 1-16 gr.	25
Morphia Sulphate, 1-10 gr.	37½
" " 1-6 gr.	50
" Valerianate, ⅛ gr.	62½
Quinia Valerianate, ½ gr.	1 00
Silver Nitrate, ¼ gr.	37½
Strychnia, 1-20 gr.	37½
" 1-40 gr.	37½
Veratia Sulphate, 1-12 gr.	37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 180, 1y

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 187. } PHILADELPHIA, MAY 19, 1860. { NEW SERIES VOL. IV. NO. 7.

ORIGINAL DEPARTMENT.

Communications.

A Case of Supposed Infanticide, with Remarks on the Hydrostatic Test.

By Charles F. J. Lehlbach, M. D.

No. 1.

The following case, in connection with several others of a similar nature, which have fallen under my immediate notice, has led me to some inquiries on the value of the hydrostatic test. I cannot claim to present anything new; but the fact that the most *contradictory* testimony is often given on the stand by medical witnesses, in cases of infanticide, especially regarding this test, and the *confusion* frequently apparent in the opinions given in such cases, (although from the length of time which the subject has been agitated among medical men and criminal jurists, from the severe criticism and scrutinous research that has been applied to it, and from the simplicity of the question in the abstract, we should expect to find everything relating to it well settled,) may be sufficient reasons why the subject should be entitled to the careful consideration of the profession; the more so, because medical jurisprudence is that branch of our science to which *least* attention is given by the generality of the profession of this country; and which is least, if at all, cultivated in our schools; while, on the other hand, nowhere is the *individual responsibility* of physicians, in their relations to law, *greater* than here, where the ignorance of Coroners, and the loose manner of Coroner's Inquests are frequent matters of complaint; and where there is no appeal from the opinion of the medical witnesses, to a higher medical court, such as is the case in some parts of the old Continent.

Preliminary Facts.—The circumstances under which I was summoned to make an examination, and give an opinion, in connection with Dr. G. S. Ward of Newark, N. J., were as follows: On Sunday, June 26th, 1859, Coroner C., of Newark, N. J., received notice that the dead body of a child had been discovered in a sink in the yard of a residence in that city; he went to the place at about 8 o'clock, P. M., and succeeded in taking out from the sink, which had a depth of about 9 to 10 feet, the dead body of an apparently full-grown male child. It appeared afterwards, from the testimony elicited, that the child had been thrown in about nine hours before; that its mother was a servant in the family, and had secretly given birth to the child on June 24th, between 5 and 7 P. M.; that the time occupied by her in labor must have been between two and three hours, not more; that she immediately, or very soon after, resumed her domestic work.

Autopsy of the Child of R. A. B.—June 27th, 10 o'clock A. M. The following is the account of the autopsy, and the opinion based thereon, as given by me in writing to the jury, and concurred in by Dr. Ward.

External appearances.—The child was very large and well developed, weighing over *eleven* pounds. The chest was prominent, arched, expanded. No marks of violence could be observed. Putrefaction had commenced, the body being covered with green spots, and the epidermis beginning to peel off. On the left side of the scalp was a puffy tumor, found on dissection to have been caused by putrescent

gas, accumulated between the aponeurosis and the pericranium. The mouth was examined, but nothing unusual found. The portion of the umbilical cord attached to the child was six inches in length, and appeared to have been cut; at least the free end was smooth, and not shreddy, as would probably have been the case had it been torn. There was a slight discharge of meconium from the anus.

The length of the child was two feet.

Head.—On making the ordinary incision into and through the scalp, and dissecting the latter away, there was found considerable turgidity of the vessels, and congestion on the right side of the head, extending through the skin. The same appearance was found on the left side, corresponding to the puffy tumor spoken of. More or less blood was found infiltrated into the muscular covering of the cranium, and extravasated about the parts. When the scalp was removed, a fracture, or rather a *fissure*, was detected, of the right parietal bone, midway between the anterior and posterior fontanelle, beginning at the sagittal suture and running directly in the transverse diameter of the skull; it was three-quarters of an inch in length.

This fissure corresponded to the congestion, vascular turgidity and extravasation in the cellular tissue, and extended through the entire thickness of the skull. A second fissure was found on the left parietal bone, at its junction with the frontal bone, extending from the coronal suture directly backwards about one-third of an inch.

The brain, corresponding to the fissure on the right side, was much congested, the veins turgid, and small clots of blood were found along the sulci of the convolutions, which latter were well marked. The same appearance presented on the left side. The substance of the brain was very vascular; a minute examination of the different parts of the organ could not be made, on account of much softening, the result of beginning putrefaction.

The *neck* presented no unusual appearances. The jugular veins were not turgid, and contained but a small quantity of blood. There were no contusions, impressions, etc., about this region, nor were there any subcutaneous intermuscular ecchymoses found about the neck, as they are described by Tardieu in his recent Essay on Strangulation.

Chest.—The chest was found expanded, arched, and well developed. The lungs occupied the front part of the thoracic cavity, overlapping the heart almost completely. They were crepitant throughout; their color that of healthy lungs, which have performed office; they were florid. Their weight was somewhat over two ounces and a half; putrefaction had made but slight progress in them, and but a few emphysematous air-vesicles were seen on the surface. The larynx, trachea, and fauces were free, containing no frothy mucus, such as is usually found in cases where death has resulted from strangulation.

The lungs were then taken out, with larynx and trachea attached, and the *hydrostatic test* resorted to, as follows:

1. The lungs, with larynx and trachea attached, were plunged into a large glass jar, with wide mouth, filled with water. Though plunged in with some force, they did not descend below the surface of the water more than one or two inches, and immediately rose to the surface, and floated. When pushed down with the fingers, which was done with some difficulty, on account of the strong upward tendency, the moment that the pressure was removed, the whole mass rose to the top with great rapidity, and continued to float.

2. The right and left lung were then seperated from each other, and the windpipe detached; the right lung was then plunged in the jar, and it floated perfectly.

3. The same experiment was repeated with the left lung; the same result followed.

4. Both lungs were then cut into small slices, and placed in the water; they all floated.

5. These slices were pressed and rubbed and squeezed between the fingers, so as to express, if possible, all air; they still floated.

Heart.—The heart was found normal; *foramen ovale* not closed; *ductus arteriosus* open; but slightly, if at all, contracted.

Abdomen.—A great deal of putrescent gas was found in the peritoneal and intestinal cavities. Intestines contained meconium; stomach empty; liver considerably advanced in putrefaction, black and soft; bladder empty.

Opinion.—The formal opinion attached to this statement of the post mortem examination, and presented to the coroner's jury, was as follows:

"The points which we, as medical men, were asked to determine in this case, are the following.

"1st. *Was the child born alive?*

"In answering this question, many circumstances must be taken in consideration. When a child is born secretly, without the presence of any one but the mother, and afterwards found dead, it is impossible to determine from *any one* anatomical appearance or experiment *alone*, whether the child has lived or not.

"The rapidity and ease, or the protraction and difficulty of the labor must be taken in consideration. If labor has been very protracted and difficult, *cæteris paribus*, there is more danger of the child being still-born, than when it is comparatively rapid and easy. From the testimony it appears that labor in this case was accomplished in a short time —from two to three hours after the mother had retired to her room—which indicates an easy labor. This circumstance would diminish the probability that the child was still-born.

"Again, the child was strong and healthy, weighing and measuring considerably above the average weight and size. There was no malformation of any organ, which would prevent extra-uterine life. This circumstance increases the probability that the child was born alive. A strong, healthy, extremely well developed child, with no marks of strangulation by the cord, born upon a rapid and easy labor, is not at all likely to be still-born.

"The organs of the chest, as found on post mortem examination, strengthen the supposition still more, that the child had lived. The lungs in the fœtal state, before the child has breathed, are sunk back towards the spinal column, not covering the heart; in this case they were found to fill the thoracic cavity as they should, when respiration has been fully established.

"Again, in the still-born the chest is flat and compressed; in this case it was arched and expanded. In the still-born the substance of the lungs is firm and resisting; in this case they crepitated throughout, as they do in lungs where respiration has taken place.

"The hydrostatic test, though alone by no means positive evidence of either death or life of the child after birth, yet when taken in connection with the other facts and circumstances in the case, affords corroborative evidence that this child has respired and lived after birth. Decomposition in the organ had not gone far enough to produce accumulation of gas in the pulmonary substance sufficient to float it, and artificial inflation, from the testimony of the mother herself, is out of the question.

"Lastly, the injuries around the head show activity of the circulation; they could not have been inflicted after death. It is true that cases are on record, where, from pressure during labor, before the child was born, the cranial bones were fissured; but these cases are rare, and occur only when there is disproportion between the parts of the mother and the head of the child, which would unavoidably cause a very tedious and protracted labor, which was not the case in this instance. This circumstance, then, is an additional argument that the child was born alive.

"The facts upon which I would base the positive opinion that the child had lived, are these: *An easy, rapid labor; fully developed, robust child, not affected with any malformation; position of the lungs, expansion of the chest; the result of the hydrostatic test; the nature of the injuries of the head.*

"2d. The second question for me to answer is, *What was the cause of death?* This I answer as follows:

"The post mortem examination did not reveal any natural cause of death, from malformation or otherwise. The signs of death

from strangulation were absent; the lesions in the skull and brain are the only evidences which point to an adequate cause of death. These injuries were evidently inflicted before death. The question may arise, whether the injury of the head was sufficient to cause death. This question must be answered in the affirmative. The resisting life-force in a new-born child, just beginning to breathe, is very feeble, and any blow, fall, or even pressure by the hand or otherwise, sufficient to fracture or fissure the skull, must be considered fully adequate to cause concussion or compression of the brain sufficient to result into immediate or speedy death.

"From these considerations, based upon the post mortem examination of the body of the child of R. A. B., it is my positive opinion that the same was born alive, and died from injuries received on its head, after it had commenced to breathe."

Aside from the hydrostatic test, the injuries of the head in this case furnish an interesting point of medico-legal inquiry. The mother alleged that the child was born while she was standing up; and that the child fell on the floor, and soon afterward died. The question arises: If the child had not yet breathed when it received that fall, would not the concussion and compression of the brain, consequent upon the injuries, as established by the autopsy, have prevented respiration from being established at all?

It will be seen that the opinion given in the preceding case, is based upon no *particular* anatomical *lesion* or *test* alone, and that to the hydrostatic test no conclusive importance is attached.

In a charge of infanticide, the hydrostatic test is one of the most interesting features; it forms part of the medical evidence in almost every case, and is a constant subject of controversy among judges, jurymen, lawyers, and medical witnesses.

The following affidavit, made before a coroner's jury in a recent case of supposed infanticide at B., shows how too much reliance is usually placed upon this test, and that the error is committed of basing opinions upon it alone:

"We, the undersigned, being called by A. M . . . . . ., one of the justices of the peace in and for said county, to make a post mortem examination of an infant child of M. M . . . ., found dead in the house of N. J. C in the township of B., in said county, do hereby certify on our oaths, that we have made a post mortem examination of the body of the said infant child of M. M., and that we found the lungs fully expanded and filled with air, so that on throwing them in water they floated steadily in a body, and also in pieces; and on pressing them they crepitated, as all healthy lungs do when filled with air, all of which indicated that the child must have breathed; the heart and liver were also found healthy.

(Signed) * * * M. D.
* * * M. D."

On the strength of this affidavit, the mother who was suspected of having destroyed her illegitimate offspring, secretly born, was placed upon trial. Suffice it to say, that the two witnesses for the State, in keeping with the language of the above affidavit, claimed for the hydrostatic test *infallibility*. The accused was however acquitted, medical witnesses for the defence being called, who testified as to the uncertainty of the test, when unaccompanied by other corroborative evidence.

In this case the jury acquitted the accused. But what guaranty have we that an innocent person may not be sent to the gallows on such medical testimony as this, which claims infallibility for the hydrostatic test! Surely, in cases where *all* depends upon the medical evidence, it is injust to state any thing as a scientific fact, which has not the sanction of the most positive experience and the most reliable authority.

While such opinions are yet held by a respectable portion of the profession, it can do no harm to repeat and sum up anew, what has long been established, and we shall in a future article attempt to examine what value really attaches to this test, and what place it must occupy in the present state of forensic medicine.

Case of Resuscitation by Marshall Hall's Method, in a Child Six Weeks of Age, When Life Was Apparently Extinct.

By Wm. D. Hoyt, M. D.,
Of Philadelphia.

I was called on the 16th of November, 1859, to see a child of Mr. J. W., aged six weeks, who had been suffering for a day or two from a cold. I found the respiration of the child a good deal oppressed, and the breathing through its nostrils somewhat interfered with. Still the child did not seem very sick. I ordered an expectorant mixture, containing some soda, ipecacuanha and senega; ordered counter-irritation over the lungs by means of some ammoniacal liniment, and directed the mother to feed it with the teaspoon, if unable to nurse. I did not anticipate that the child would be very sick, and was therefore startled when the father called me early next morning and told me that the child was dying. I went immediately to the house, and found the child choked by the mucus, which was very loose, and from which it was unable to rid itself. The mother had neglected feeding it, and it was therefore considerably weakened. I thought the quickest way of relieving its breathing would be to use an emetic, and therefore gave it some alum and syrup of ipecacuanha, and at the same time promoted vomiting, and endeavored to free its throat from mucus, by brushing it out with a camel's hair pencil. I left it in half an hour considerably relieved, having ordered it, before leaving, brandy, carbonate of ammonia, syrup of senega, and food at regular and frequent intervals. On calling at 11 A. M., I found the child's breathing considerably relieved; but whilst there it became again choked with mucus. I again sought to relieve it by entangling the mucus in the camel's hair pencil. The child was sitting in its mother's lap. Whilst I was using the brush, it suddenly ceased breathing and became deadly pale. The mother screamed out that it was dead, and, handing it to the father, commenced crying violently. I called for some whisky, which happened to be at hand, and dashed some of it into its face, applied it to the nostrils, and carried some of it back to the fauces on my finger. This caused it to gasp once or twice. It then apparently ceased breathing; its eyes were fixed in its head; its mouth fell open; its lips were livid; its color that of a corpse; its pulse I could not feel. I could not afford time to learn by auscultation if its heart still beat; but it was apparently dead, and was so pronounced by both father and mother, the only adults present. Without losing time, I resorted at once to the Marshall Hall method of rescuscitation, and at the same time breathed into its mouth repeatedly. Having succeeded in exciting one or two feeble gasping respirations, I removed it from the father's knees to the bed, and continued my efforts. After some time, I was pleased to find a faint moan elicited every time I turned the child upon its side. Soon afterwards, its color changed from the hue of death; a livid red stole over its cheek; it began to breathe feebly. I took it to the open window, and continued my efforts a few minutes longer; at the expiration of which time, I had the satisfaction of handing it to the mother, snatched from the grave by this admirable method—its respiration established, its color natural, with every prospect of recovery.

I continued the brandy, ammonia and breast-milk, given with the spoon, and found the patient that afternoon doing well. It had had other attacks of choking, during which the father resorted, without direction, to the Marshall Hall method.

The next day the child was able to nurse, and the following day it had so far recovered as to render more visits unnecessary. Some weeks afterwards, I saw it—a fine, healthy child.

A Remarkable Performance of the High Operation for Lithotomy. The *Amer. Med. Gaz.* reports the performance of supra-pubic lithotomy, at the Bellevue Hospital, N. Y. The patient was a man 60 years of age, with a small calculus. On making the incision, the bladder could not be found; extending the incision upward, the peritoneum was opened, and the intestines pressed out through the wound. The bladder was ultimately found, and the stone removed. Death followed on the next day.

Acetous Tincture of Valerian.

By D. Webster Bland, M. D.,
Of Schuylkill Haven, Pa.

I desire to call the attention of the medical profession to a preparation of Valerian, made according to the following formula:

℞.	Rad. Valerian. bruised	℥iv.
	Acetic acid	℥i½.
	Diluted alcohol	pts.i½.

Digest for ten days in a closed vessel, and then filter. The tincture, as thus prepared, is of a beautiful red color with the predominating smell of the valerian—taste bitter and slightly astringent; may be given in doses of a dessert spoonful every three hours.

During the past six months I have had extensive opportunities of testing the full value of the above preparation. In hysteria, in chorea, combined with tinct. humulus; in wakefulness it answers quite effectually. In the tremors of mania a-potu it has no superior. As an addition to all tonic mixtures, where an antispasmodic is needed, this can be used with complete satisfaction. It possesses many advantages over the officinal tincture.

The preparation originated with myself, and I suggest it to the physicians and pharmaceutists of this country. If there is any virtue to be ascribed to the preparation, well and good; if not, let it be discarded.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

May 2, 1860.

Clinical Medicine.—Introductory Lecture,
By Dr. J. J. Levick.

Gentlemen:—It has not heretofore been my practice to detain the class by any extended remarks, preliminary to the course of clinical instruction, which at this time of the year devolves upon me. But I have so recently taken charge of the wards, that I have not had time to become familiar with all the cases they contain, and as I thus far have found in them less than the usual amount of acute disease, I may perhaps be permitted to say a few words to you, respecting the course of observation and study we are about to engage in together.

If it were possible, I would wish you to accompany me in my visits to the wards, and at the bedside of the patient, to observe minutely the morbid phenomena there presented. But the experience of all hospitals has demonstrated that with a large class in attendance, such a course is impracticable, or is attended with serious annoyance to the patient, and is unsatisfactory to all, except the few who are so fortunate as to secure good positions around the bed. If, however, gentlemen, you will avail yourselves of all the instruction which may be gained from the sick man in the clinical amphitheatre, will note well the history, course and symptoms of his disease, the good effect, or otherwise, of the treatment adopted, you will not fail to perceive that clinical instruction, though not designed to take the place of collegiate teaching, is yet an invaluable auxiliary to it.

In conducting a course of clinical investigation there are certain rules to be attended to, which will materially facilitate your labors, and add to the value of your observations. Before calling your attention to these, I may mention as suitable textbooks to a clinical course, the works of several authors, from whom I have myself derived much instruction, and to whom I owe many of the hints I am about to offer you. Among others, I may name Andral's Medical Clinic, Louis' Pathological Researches, the System of Clinical Instruction by Graves and Gerhard, the Lectures of Bell and Stokes, and Stokes on Diseases of the Heart and Aorta, Barclay on Medical Diagnosis, the comprehensive Clinical Lectures on Medicine by Bennett, and the clear, simple, and thoroughly practical Lectures on Diseases of the Urinary Organs, on Diseases of the Nervous System, and on Acute Diseases by the late, deeply lamented, Dr. Robert B. Todd, of London.

The first thing to be done on making a professional visit to a patient, and it may be done almost immediately, after the usual salutation, is to notice the general appearance, the age and sex of the patient. The age enables us in forming a diagnosis, to exclude certain diseases from consideration, or suggests the probability of certain diseases, though not positively, yet to a great extent; *e. g.* pseudomembranous croup rarely occurs before weaning, catarrhal croup may occur before or after. Extreme age would render very improbable the existence of tubercles or of typhoid fever.

The face may be anemic or pallid, suggesting disease of the blood or of the heart, it may be purplish as in pneumonia, or dusky as in typhus and typhoid fevers. Or the countenance may indicate suffering as in peritonitis. You would notice the respiration, which might be natural or disordered, hurried intermittent, or short as in pleurodynia, or if the patient be asleep, stertorous, or accompanied with flapping of the cheeks, pinching, or active dilatation of the nostrils; in children with grinding of the teeth, or

with twitching of the muscles. You must observe, too, the position, or as it is technically called, the "*decubitus*" of the patient, for each of these phenomena has its pathological significance. All of these symptoms which exist might be noticed almost instantaneously by an experienced observer, even though not a word had been spoken. Continuing your examination, you would take the hand of your patient, and feel his pulse; in doing so you would notice the condition of the skin, whether it were hot or cold, moist or dry, &c. Now, put the question as suggested by Andral, "where have you pain?" This designates the locality, and if to it we add the request to place the hand upon the part where the pain is felt, it excludes, as the author I have quoted justly remarks, the rigmarole answer you are sure to receive from patients to the question "what ails you." The next question should be "how long have you been ill?" This defines for us the acute or chronic character of the affection; but to obtain a strictly correct answer to this interrogatory is often no easy task. And it frequently becomes necessary to add to it the query, "how long since you gave up work?" or "how long since you were *perfectly* well?" You should early learn the *occupation* and *previous history* of the patient, including, of course, his hereditary tendencies. An instance, illustrative of the importance of attention to these details, occurred in this house two years since. A man was admitted with obstinate cough, with expectoration of an offensive dark black sputum, closely resembling that of gangrene of the lung, under which it had been feared he was laboring. On inquiry, it was found that he had for many years been employed in a coal mine, and the supposed gangrenous sputa were but those of chronic bronchitis, containing the dark carbonaceous matter which abounded in the atmosphere he had so long breathed. Cases of lead poison can be readily traced in this way. So, too, with the previous history of a case. A patient was sent to us as a case of obistinate skin disease, which, upon inquiry, proved to have been produced by the application of a stimulating liniment which the woman confessed she was in the habit of privately using.

The physician, however, must not rest satisfied with this, but must avail himself of the aids afforded by a careful *inspection* of the exterior of the body, the fauces, cavities, &c. It is very desirable you should be impressed with a just sense of the value of this aid to diagnosis.

Cases are constantly occurring in which, from neglect of this, mistakes are made of the most serious character. An instance came under my own knowledge, in which a strangulated hernia was treated, by an irregular practitioner, as a case of simple colic, and life was with difficulty saved when the actual disease was detected by an observant and educated physician. Rostan relates an instance in which, from the description of the symptoms, without inspection, a case of shingles was treated as one of rheumatism. I have known a similar mistake to be made in the pain which affects the joints in purpura and scurvy. So frequently have cases, called dyspepsia, in old people, been found to be but the results of cancerous disease of the stomach and liver, that there is always a presumption in my mind in favor of the existence of such pathological conditions, until the reverse has been shown by careful inspection. It is to the habit of careful investigation that the reputation and success of our best physicians are due.

After this, you should interrogate the different organs, as shown by the performance of their various functions, *e. g.* the circulatory, respiratory, nervous, and other systems. To do this properly, you must bring to bear upon them the varied aid of percussion, auscultation, palpation, measurement, succussion, and chemical and microscopical investigation. Your attention has been called to these subjects in a very thorough manner by my immediate predecessor, and in the lectures of Dr. Bennett you will find the whole subject fully discussed. Recalling to your memory the former, and referring you to the latter, I will now bring before you a case, in the investigation of which some of the means alluded to will be put in practice.

A shoemaker, married, aged 23 years, red hair, pale countenance, entered the hospital April 27, 1860. Both his parents are alive and well. With the exception of having occasionally had attacks of "fits," which, from his description, would seem to have been epileptiform in their character, he had good health until about a year ago. He was then engaged as a boatman, and was obliged to remain all night on the boat in wet clothing. Next day he had a severe chill, and, as he expresses it, a cramp in his stomach, after which some cough set in. This last continued for many months.

He was under no treatment for this, but gradually regained his health, and was able to attend to his work until eight weeks ago, when he was again attacked with pain and cough.

I found him in much the same condition as that which he now presents. Let us investigate his case. You will observe that his face is pale, perhaps a little edematous, that his respiration is short and hurried, and that the alae nasi are alternately contracted and expanded. His skin is moist and relaxed; his pulse is 95, and feeble, easily yielding to the pressure of my finger. There is, however, a marked difference between the beat of the radial of the right and that of the left side, due to a difference in their anatomical arrangement, a point of interest which you should always be on the watch for. His tongue is furred, but moist; his bowels are constipated. You will remember that his illness began

with a severe chill after exposure, and that he refers the pain to the region of his stomach. We will now resort to a close inspection of his body, to ascertain if we can find an explanation there of these phenomena. I think there are but few of you who will not at once notice a decided bulging on this, the left side of the chest; that the intercostal spaces, instead of being flattened or depressed, as they are on the right side, are prominent. Now this must of course be due to the presence in the thoracic cavity of an excess of solid structure, an excess of air or of liquid, i. e. from tumors, from emphysema of the lung, from pneumothorax, from pleuritic effusion, or from the last two conjoined. In a traumatic case, we might have blood in the thoracic cavity, but this is not probable here. To decide this matter, we must resort to the evidences afforded by physical exploration, and first by auscultation. I hear distinctly the vesicular murmur throughout the right side of the chest, rather harsher than natural, but unattended with any new sounds. On the left side, in the position he now occupies, there is complete absence of the respiratory sound below the third rib, and I find the impulse of the heart and its sounds to be extended over the right side, the former near the fourth and fifth ribs of the right side. By percussion we find, as you perceive, clearness on the right side, but on the opposite side there is dulness extending from above the nipple, and becoming complete flatness as we reach the lower part of the thorax. Let us now change his position, and lying, as he now does, on his back, we find there is a marked change in the results of percussion, the dulness on the left side being replaced by a clear percussion-sound in front of the chest. This is due to the change in the position of the contents of the thorax. Now this could not thus happen to a solidified lung, or to a solid tumor occupying the thoracic cavity; whereas it is a natural result of the gravitation of a moderate quantity of liquid to the back part of the chest.

I say a moderate amount, for if the cavity were full of serous fluid, it would not be thus affected by change of posture. I must confess the resonance on percussion is unusually great in this instance, so much so as to lead to the supposition that it might be due to some additional lesion within the thorax. This might be that of perforation of the lung, producing, with the liquid already noticed, hydropneumothorax, or it might be the result of emphysema of the lung, or it might be, and probably is the result of the close apposition of the lung to the upper and anterior part of the thorax, buoyed up, as it is, by the liquid. We have carefully examined for the auscultatory sounds which frequently attend pneumothorax—those of amphoric respiration and metallic tinkling—but have failed to detect them, while the evidences of emphysema are rarely present in pleurisy. But there are other evidences of pleuritic effusion afforded us, beside those already enumerated. I have called your attention to the prominence of the left side of the chest. We will test the extent of this by an additional means of exploration—that of *measurement*. The two halves of the chest are nearly symetrical; but in hard working men, who use the right arm more than the left, there is generally a little increase of size on the right. With a fixed point taken at the spinous process of a vertebra, and another at the median line of the sternum, we can ascertain the size of each side of the thorax. Doing so in this instance, we find the entire circumference of the chest to be 35 inches, of which 17 are occupied by the right side, and 18 inches by the left, giving an excess to the latter of nearly an inch which is still more significant, when we remember that in such a man as this, the right side is generally the larger.

We have not yet attended to the modification of the voice, which frequently attends and is a valuable aid in the diagnosis of thoracic diseases. You all know that, in health, there is a confused but decided sound imparted to the ear applied to the chest of a person when speaking, which is called *vocal resonance*. When the lung is consolidated by inflammation, this sound is so modified as to be conducted with great distinctness to the ear, and is called *bronchophony*; but if there be a large amount of fluid in the thoracic cavity, the ordinary resonance of the voice is absent. Under certain circumstances the vocal resonance is heard much altered, and is called egophony, being conveyed, from a partially compressed lung, through the superincumbent stratum of liquid. We have in this patient a sound somewhat like this, but not purely so—a sort of bronchœgophony. When the hand is placed on the chest, and a healthy individual speaks, there is a thrill imparted to it, which does not exist in pleurisy, unless there be thick old false membranes lining the thoracic walls, and the liquid is in a great measure absent. On the right side of this man we have this thrill distinctly, while it is entirely absent from the left side. Sometimes, by suddenly shaking the chest, a splashing sound of liquid may be heard; but I do not hear it in this case; this act is called succussion. If this liquid were pus, constituting the condition known as empyema, we should probably have hectic fever, profuse sweats and rapid emaciation, which, however, do not exist. If it were necessary to decide positively this matter, as for the operation of paracentesis, it could be done by inserting a small exploring trocar. It is not at all probable that it is pus.

We have, then, gentlemen, by observation, by inquiry, by inspection, by auscultation, by percussion, by measurement, by succussion, by palpation, investigated this man's case, and the result is such as to leave us no doubt that it is a case of pleuritic effu-

sion. It remains now for us to decide upon the cause of this inflammation, and upon the treatment best adapted to the case. I think his history leaves us in little doubt that it was the direct effect of the prolonged exposure to wet and to cold, thus checking the secretion of the skin, and throwing in upon the internal tissues the irritant contents of the blood. An exposure of this kind is not necessarily followed by pleurisy, and it is our duty to ascertain if there was any predisposing cause, such, for example, as the existence of tubercles on the pleura, a frequent cause of this affection. From the history already given, such would not seem to be the case. His parents are both alive and in good health, nor does he know of any tendency to pulmonary consumption existing in his family. He is too much fatigued for me now to examine his chest more critically, but as far as I have done so, I have found no evidence of tuberculous deposit. The inflammation, too, appears to be confined to one side: in tuberculous cases, it is prone to affect both pleuræ. Though pale, he is not much emaciated, and there is a reasonable hope that he is free from any tuberculous taint, though upon this point I can speak more positively after another examination. In this cup you see a little whitish expectoration, but it is in no way characteristic. We must go further to ascertain if the disease be primary or secondary in its character. All of what we have enumerated might exist, and yet the pleurisy be but the result of a far more serious affection. In Bright's disease of the kidneys, as you know, from want of the proper eliminative action of the kidneys, there is a condition of system which favors the development of inflammation in these parts. Especially prone are the serous membranes, the arachnoid, the pleura, the pericardium and the peritoneum, to be thus affected. I have already mentioned that our patient's face was a little edematous, and he tells me that his feet have been swollen, (though they are not so now,) all of which would seem to point to some disorder of the kidney. Examining his urine, we find, first, the specific gravity to be 1025, which, as the quantity he passes is but small, is not too high.

We find it is slightly acid to test paper. Now heating it, we do not find that the liquid becomes opaque, as it would if albumen were present; yet, that we may be certain on this point, we will add some nitric acid, which, you see, also fails to produce coagulation; lastly bringing to bear upon it the test of the microscope we find no tubular casts, nor excess of oil, one or both of which we should find were the man suffering from Bright's disease. We were therefore wrong in supposing the kidney in fault, and our patient's chance of a long life is greatly increased by the fact, that the pleurisy is not the result of albumenuria, nor is there any reason to suppose the affection to be of rheumatic origin, as the man has never suffered from rheumatism elsewhere.

Having then decided that we have before us a case of hydrothorax, the next and most important point is, to decide what shall be his treatment. You remember that he has been ill for several weeks, that indeed he dates the beginning of his illness as far back as a year ago. His general appearance is cachectic, and though he has now rallied somewhat, he was very feeble when admitted. Shall we resort to an active antiphlogistic treatment? Certainly not. The time for this, if it ever existed, has long since passed by. For all practical purposes we have a case of dropsy to treat, and it will be our aim to relieve the thorax of the fluid accumulated. For promoting absorption mercury has justly acquired great reputation, and doubtless it might accelerate the removal of the fluid in this case, but I have not given him, nor do I intend to give him mercury. Though we have no positive evidence of tuberculpsis, yet his appearance is somewhat scrofulous, and I do not wish to increase this tendency by the administration of mercurials. Nor will the action of his heart permit the use of digitalis—a potent diuretic. I believe we shall do better for him, if we so improve the general tone of his system, as to enable the various emunctories to resume their natural action and to perform their part in removing the unhealthy accumulation of fluid. With these views before us, we have given him first, of wine whey a wineglassful every two hours, essence of beef every two hours, and, as his strength has increased, he has taken iodide of potassium gr. v, three times daily. We have combatted the occasional thoracic pains of which he has complained, by the application to the chest of a flannel cloth saturated with oil of turpentine and covered with oiled silk. Under this treatment he has certainly improved, and we will continue it, gradually substituting for the stimulants he now takes, the more ordinary food, as the necessity for such active stimulation diminishes. I hope to show him to the class, at a future clinic, in a much improved condition.

Before entirely leaving this subject, there is a matter to which I must for a moment call your attention. You will not unfrequently be called to persons presenting a somewhat anemic appearance, complaining of general malaise with a little fever increased at night, occasionally an imperfect chill, yet able to be about, and perhaps to attend to business. So illy marked are the symptoms, that at first sight the case seems obscure, and the diagnosis uncertain. On closer examination you will, perhaps, find that there has been, or is, a slight cough, and perhaps that there have been slight thoracic pains, and upon percussing the chest there will be found complete dulness and the absence of the respiratory murmur on one side.

These are cases of *latent pleurisy*, and the knowledge and recollection of such cases will often be of great service to you. I have known such cases mistaken for miasmatic fever, and treated as such with quinia for a long time, of course unsuccessfully.

Dr. Levick then exhibited to the class a case of erysipelas and made a few remarks thereon.

—

WEDNESDAY, MAY 9TH, 1860.

MEDICAL DEPARTMENT.—Service of Dr. Levick.

(Reported by J. Solis Cohen, M.D.)

Typhoid Fever.—(See REPORTER of May 12th, p. 122.) This patient has much improved under the stimulating and tonic treatment resorted to. Her hearing has returned, with a subsidence of the nervous symptoms; pulse not above 90. The diarrhœa was checked by an injection of laudanum, 15 drops in a tablespoonful of tepid water. The treatment is to be continued, diminishing, however, the quantity of the stimulant.

Phthisis.—This is a man 49 years of age, who enjoyed tolerably good health until three months ago, when an exposure to wet weather was followed by a cough, and a very troublesome diarrhœa, for which he was treated, and must have taken mercurials, in addition to some astringent medicines. He has had more or less cough ever since; but latterly it has increased a great deal, and he has rapidly emaciated. *Percussion* at the top of the lung revealed the cracked-metal sound indicative of vomicæ with anfractuous cavities. *Auscultation* revealed the coarse mucous râles known as gurgling, and, on the patient's speaking, pectoriloquy was very distinguishable. In this case the disease has made much progress. The diarrhœa is, doubtless, due to the presence of tubercles in the intestines. The expectoration is highly purulent. Though much is not to be expected from medication, a proper tonic treatment is to be instituted, giving cod liver oil, preparations of iron, and Peruvian bark. He is to take brandy punch, and have plenty to eat and drink.

Gonorrhœal Rheumatism.—This is in a sailor, who has had rheumatism five times, during four of which attacks he has been, at the same time, suffering under gonorrhœa.

He has had a severe attack of ophthalmia since he came into the house. He suffers at present from acute and painful rheumatism, affecting both wrists.

The first case of gonorrhœal rheumatism on record was related by Sir Astley Cooper, who recommended the exhibition of some preparation of turpentine or copaiba, and guarding against injections which, while diminishing the gonorrhœa, increased the rheumatism.

This patient is to take of balsam copaiba, half a dozen capsules a day, and to relieve the pain at night, a Dover's powder; at the same time he is to be occasionally purged with Scudamore's mixture.

Pityriasis Versicolor.—This is on the breast of a patient brought to the house in consequence of some cardiac affection.

The skin affection is due to the presence of a little fungous plant, the seeds of which may be communicated from one individual to another, and in that way the disease be propagated.

A solution of sulphuret of potassium, a drachm to 4 or 8 ounces, is to be sponged over the surface.

In these cases Dr. Charles Meigs recommends the use of the carbonate of potassa, from which he has derived great benefit.

WILLS (OPHTHALMIC) HOSPITAL.

(Reported by Charles E. Hackley, M. D.)

Service of DR. LITTELL.

Case 1.—Martin D——. Right eye destroyed. Left: closure of pupil, which was also filled with a dense mass of lymph, to which the pupillary margin of the iris was firmly adherent. The iris retracted at the point of adhesion, and bulging forward between that and its circumference, it had evidently undergone much structural change, from severe and protracted inflammation. The case was regarded as a very desperate one; but the patient was blind, and as no harm could result from an operation, it was decided to attempt one for his relief. The cornea was accordingly incised at its inferior part, and a piece of the iris drawn out and removed by the scissors. The patient had an immediate perception of light, and was even able to count the fingers held before him.

Case 2.—James R——. Right eye: opaque, and conical cornea, with loss of vision. General condition of the organ such as to preclude all interference. Left cornea opaque, with exception of a transparent portion on its inner part. The operation consisted in making an opening through the centre of the opaque cornea, introducing a pair of delicate forceps, seizing the iris, and detaching it at this point from its ciliary connections. The portion detached was drawn out of the opening and removed by the scissors. A fair opening was thus formed, through which, it is hoped, the patient will enjoy useful vision.

Case 3.—Catharine M——. Left eye: closure of the pupil, which was also filled with a mass of lymph. Right eye, also, closure of pupil, with lymphatic deposit. An operation had been performed during the preceding term, by opening the cornea of the right

eye, and excising a portion of the iris. A minute opening remained at the ciliary margin, through which the patient had some perception of light, but no useful vision. It was proposed, with a single-edged needle, introduced posteriorly, to detach the lymph and divide some of the fibres of the iris, so as still further to enlarge the opening already made in that membrane. The operation was accordingly performed, with results which are yet to be determined.

Several other operations were performed, for cataract, strabismus, entropium, etc., but they presented no features of peculiar interest.

JEFFERSON MEDICAL COLLEGE.

Reported by J. Solis Cohen, M. D.

WEDNESDAY, MAY 9, 1860.

Surgical Clinic by Prof. Gross.

Laryngitis.—(See Reporter for May 12th, page 123.)—This case is improving under the treatment. The voice is still in a whisper, which may be a little louder than before. The patient is still pale, and has fever every afternoon, which has not been accompanied with chills since the first two nights after the commencement of the treatment. She has no night sweats; her appetite is better, and she sleeps better at night; there is less pain in the throat; the tongue is cleaner and the skin moist; there is much perspiration. She is to be given every night at bed time, for four consecutive nights, 10 grs. sulphate of quinia, in addition to the iodide of potassium and bichloride of mercury before ordered, for the purpose of improving the strength and tone of the digestive apparatus.

Scrofulous Enlargement of the Little Finger.—This has occurred in a little child. The enlargement is connected with disease of the periosteum, and also of the bone. The parts have improved under the application of diluted tincture of iodine; and the internal administration of 1-16th gr. iodide of iron, 1-8d gr. iodide of potassium, with 1-30th gr. bichloride of mercury in solution, 3 times a day. This treatment is to be continued.

This affection is not unfrequently found in children, beginning either in the cancellated structure of the bone, or in the periosteum; both structures becoming involved. If not properly treated, the disease may proceed to caries of the bone, ultimately destroying it.

Scirrhus of the Mammary Gland; Removal.—Dr. Gross exhibited to the class, a woman, from whom he had, four weeks previously, removed the entire breast in consequence of scirrhus of two years standing. The parts were brought together by the silver wire suture, and much the greater part of the wound healed by the first intention. The patient has no pain in the parts, and her general health is good. Care is to be taken that the parts are not rubbed against the clothing. They are to be washed once a day with soap and water, and to be protected from friction by some soft substance, such as soft patent lint, or canton flannel during the summer, for which, when cold weather approaches, is to be substituted prepared rabbit-skin, or some other delicate fur. The diet of the patient is to be plain and simple.

Opacity of the Cornea.—This has been consequent upon inflammation eventuating in a deposit of plastic matter, which is superficial, and acts obstructingly to the rays of light. In treating inflammations of the eye, one great object is to prevent such deposit. The present inflammation is of three weeks duration, and simultaneously with the attack, the patient suffered from rheumatism in the shoulder and in the elbow joint. The eye is not as much affected by the light as it has been, and there is very little injection at present. The parts are sore and tender to the touch. The inflammation was rheumatic in its character, and accompanied by hemicrania, a very common occurrence in rheumatic inflammation of the sclerotica. The general health of the patient, an adult male, is very good. To break in upon the rheumatic diathesis, he is to take for six successive nights, at bed time, ʒj. of colchicum, with ¼ gr. of morphia to restrain the action of the colchicum upon the stomach and bowels; twice in the 24 hours, he is to take 1½ grs. of calomel in combination with 3 grs. of ext. hyoscyami; with 1-6th gr. of opium to restrain the action of the calomel, and to prevent its purging and running off without producing the desired sorbefacient action. The idea is simply to bring the system gently within the influence of the mercurial, and when this occurs, it is to be discontinued, and resumed as soon as its effects have passed off, in order to keep up a chronic mercurial impression. Every other day, the patient is to take a dose of castor oil, or infusion of senna, to act gently on the bowels. The patient is to employ a plain and simple diet, not to eat too heartily, and to abstain from meat. The only collyrium necessary will be a drop of very thin molasses poured upon the parts twice in the 24 hours, which is a very gentle sorbefacient, yet sufficient for the purpose. A shade is to be worn over the eye, and the patient is to keep himself free from physical or mental exertion.

Spasmodic Stricture of the Œsophagus.—This case came under the notice of Prof. Gross some five weeks ago, and has been presented to the class on two previous occasions. The patient is a girl some 12 years of age, and the main difficulty in the treat-

ment is, that she cannot be seen often enough to introduce a bougie into the œsophagus every day, the repeated introduction of which will be necessary to overcome the stricture. Dr. Gross has introduced a bougie into the parts on several occasions without any difficulty, proving the stricture to be spasmodic only; but on the present occasion, the little patient expressed such a reluctance to the operation, that it was postponed till "next Wednesday;" but meanwhile, she is to take an emetic of ipecacuanha every other morning upon the empty stomach.

There is some tenderness along the spine, and the patient has severe pain in the head every day, mostly in the afternoon, probably of a neuralgic character. This is to be treated by quinia and arsenious acid. She has been taking 12 grs. of quinia in the 24 hours, and 5 grs. of the blue mass every other night. She should take a daily shower-bath, the temperature of which is to be regulated according to the weather, and to be followed by frictions with a rough towel; she should exercise in the open air, and take such nourishment as is possible, which should be of a liquid character in consequence of her inability to swallow. Twice in the 24 hours a portion of the unguentum veratriæ, the size of a pea, is to be rubbed along the spine from the occiput to the dorsal vertebræ.

Enlargement of the Tonsils—Excision.—In this patient the left tonsil was much the larger. A portion of it was removed by the forceps and bistoury, and it was directed to apply the stick nitrate of silver to the right gland. The patient was cautioned against exposing himself to a draft of cold air for fear of exciting inflammation. He is not to eat any solid food for five or six days.

Talipes Varus.—This is in a female infant six months old, born with club feet. The deformity was not sufficient in the right foot to demand an operation. In the left foot there was some degree of shortening of the tendo Achillis, or contraction of the gastrocnemius and soleus muscles, constituting equino-varus. The tendo Achillis of the left foot was divided subcutaneously, an inch above the heel, which came down with a snap. The wound made will heal in a few hours. The child has been wearing an apparatus, which is to be re-applied in a day.

———o———

Iodine, according to M. Boinet, preserves, cures, strengthens, and modifies the constitution, removes diatheses, and impresses a new energy in the organism. Iodine, according to M. Rilliet, weakens, deteriorates, wastes, destroys, atrophies and kills!—*Med. Times & Gaz.*

Medical Societies.

NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

At a late meeting of this Society Dr. L. P. Gebhard made the following remarks, on

GASTRITIS A POTU:

Previous to the commencement of the Nineteenth Century very little, if any, allusion was made by writers to what is called mania-a-potu, or delirium tremens. The name of delirium tremens, as far as it relates to the delirium attendant upon the disease, is no doubt as appropriate as any that could be given, inasmuch as it is peculiar to that form of disease. Every person having once witnessed it, will ever afterwards recognize that he is in the presence of an inebriate. The diagnosis is unmistakeable; the cause is characteristic, and almost every symptom connected with it is more or less so. The tremors, the alarms, and the fears of the patient are all peculiar to the disease, even the singular odor of his breath is strongly marked in many cases. Frequently, when called upon to visit such a patient, without being told of the nature of the case, as soon as the front door of the building was opened, though the patient, at the same time, might be in the third story, the breath, and effluvia arising from the stomach, were so intensely obnoxious to the sense of smell, and so completely pervaded every part of the house, that I was enabled with a very great degree of certainty, to diagnose the case, even at so great a distance from the patient at the time. This odor in the inebriate, a fac-simile of which cannot be found in any other disease, accompanied, as it frequently is, with a dry, husky cough, eructations, nausea, and vomiting, indicate, not only an irritable, but also an inflamed state of the stomach. These symptoms not unfrequently occur every morning of his life, while in the habit of participating in his usual daily potation; this may occur for days, weeks, months, and even years, before the subject of it is brought under medical treatment. These symptoms, together with a squalid, bloated, and miserable appearance, are his daily companions, so long as he hugs to his bosom the fascinating bowl, so full of misery and woe.

The cause of this disease is generally believed by writers to proceed from the suspension of the stimulus to which the brain had been previously accustomed; and, according to Dr. Coates, who wrote a highly interesting paper on this subject, many years ago, the disease is the result, not of the application, but of the sudden intermission of the accustomed stimulus, and is believed by many, and, I believe, pretty generally by medical men, to have its location in the sensorium commune,

and at the same time as being independent of any inflammation of that organ. Dr. Joseph Klapp, a highly respectable physician of this city, and many years since deceased, published a series of cases, tending to show that the proximate or essential irritation of this disease, is seated in the stomach. He asserts in support of this opinion that dissection almost uniformly discloses such inflammation, in nearly all of which instances nausea, vomiting, and a foul tongue manifested themselves. From the earliest period of my practice to the present time, I have entertained similar views; and taking into consideration the habits of the patient, all the symptoms connected with the disease, after a long and extended experience, have confirmed me more and more in this opinion.

I have usually found that the inebriate continues in his habit of drinking, until the stomach becomes so irritated by the stimulus, as to render it no longer capable of retaining it; and instead of its suspension being a voluntary act on his part, he continues to persevere in his potations, until positively rejected by the stomach. I have always considered that the state of the stomach that forbids the further imbibition, is that which by sympathy affects the brain and causes delirium as a consequence. This state of the stomach does not occur until the inebriate has been in the habit of indulging in such drinks for a considerable length of time, not until an offensive breath, eructations, nausea, vomiting and other symptoms, develop the true nature of the disease. In such cases we generally find very little, if any, febrile excitement; pulse moderate, as to fullness and frequency, and skin cool, no heat of the head or any other symptom indicating an inflamed state of the brain, while such symptoms are frequently found attending irritable and inflamed stomachs. Except in cases of acute gastritis, when the system is in a high state of excitement, the acute form is seldom observable in this disease, as the cause, which is generally so gradual in its development, necessarily, or I might say usually, produces an affection of a more mild and chronic character. As the alcoholic drinks are first taken into the stomach, and come in direct contact with no other organ, it is fair to infer, that that organ is the part first affected, and that the delirium connected with this affection is not the disease, but merely a symptom, emanating from the diseased action of the stomach. It is well known that there is great sympathy existing between the stomach and the brain, and when we take into consideration that the agent employed in producing this disease, is so deleterious and irritating in its nature, and that it is imbibed so freely, frequently, and continuously, besides the poisonous adulterations which are so prevalent in vitiating this agent, is it not surprising that more persons are not the subjects of this disease? Few, comparatively, of the great mass, who indulge freely in these potations, become affected with *delirium tremens*, while at the ssme time the victims of intemperance, and a consequent premature death, are so abundant.

The stomach may be truly said, in more respects than one, to be the centre of the system, from which irradiate important and not unfrequently permanent impressions. An organ whose sympathies more or less affect all the surrounding parts, if in a diseased state, is capable of seriously affecting any other organ of the body in proportion as such an organ is constitutionally predisposed to be affected, and hence we see a vast number of diseases, such as affections of the brain, lungs, heart, liver, kidneys, &c., becoming gradually involved through its instrumentality. This great centre being impaired in its functions for any length of time, will gradually tend to the production of functional derangement in the surrounding organs, and thus a series of diseases arise, such as the poor inebriate is from day to day falling subject to. Hence it is easily perceived that *delirium tremens* is only one of the long catalogue of symptoms, as a result of the diseased action of the stomach—and will, there is reason to doubt, be most effectually relieved by directing the remedies more immediately to the part affected. Having for a long time taken this view of the subject, I have shaped my course of treatment accordingly, differing materially from the treatment usually pursued in these cases. Believing the stomach to be in an inflamed state, and finding a tenderness of the epigastrium, upon pressure, I have recommended cupping over the whole region of the stomach, and abstracting blood therefrom, by scarification, with great benefit to the patient, relieving the delirium, and at the same time calming and composing his mind, which, together with the internal use of opiates, generally soon succeeded in procuring the rest, so desirable in the cure of this disease. Very early in practice, I was in the habit of administering camphor with opium until sleep was obtained, which is generally known to be a *sine qua non* in all cases. Of late years I have given a mixture of sulphate of morphia, ext. of hyociamus, and ext. of valerian in a mixture, with decided advantage. I have never found it necessary to administer either alcohol or fermented drinks in order to sustain the strength of the system; always finding that by lessening the inflammatory state of the stomach, by external depletion and counterirratation, combined with the internal use of mild narcotics, the recuperative powers of the system soon raised it from the depression and indirect debility under which it was laboring, and restored it to its former healthy state. The treatment thus pursued has always been more satisfactory to my mind, as it enabled me conscientiously to prescribe remedies which could not, under

any circumstances, be instrumental in conferring upon the patient a habit calculated to lead to irretrievable ruin. The patient recovers, weaned as it were, from his former habits, and consequently better enabled to resist the temptations and allurements which might be thrown around him by his former companions. But, independently of this moral view of the subject, I cannot comprehend that logic, which could make it necessary to administer as a remedy, the same poison that produced the disease; which absolutely does not perform a perfect cure, but merely relieves for a time, only to make the remedy the more certain cause of a renewed attack, which it would be less and less capable of relieving, with every renewal, until, at a no far distant period, the direful habit must necessarily culminate in a fatal issue.

In accordance with the views I have already expressed in relation to the disease, I propose calling it "*Gastritis-a-Potu*," inasmuch as the symptoms are similar, in many respects, to gastritis produced from other causes; the only difference being a peculiarity, solely produced by the peculiar nature of its cause, being readily distinguished from any other disease by its symptoms, and the history of the habits of the patient previous to the attack; it varies in intensity from an acute to a moderately chronic form, dependent upon the quantity of stimulus taken in a given time, as well as on the constitution, age, and previous habits of the patient.

In relation to the odor that has been already alluded to, as existing in this disease, I would merely add, that it is similar, although not so offensive and intense in degree, in all cases of gastritis; from whatever cause produced, this peculiarity is observable as emenating alone from an inflamed stomach.

EDITORIAL DEPARTMENT.

Reviews and Book Notices.

The Diseases of the Ear: their Nature and Treatment. By Joseph Toynbie, F.R.S., Fellow of the Royal College of Surgeons of England; Aural Surgeon to, and Lecturer on, Aural Surgery at St. Mary's Hospital; Aural Surgeon to the Asylum for Idiots; Consulting Aural Surgeon to the Asylum for the Deaf and Dumb; and Consulting Surgeon to the St. George's and St. James' General Dispensary, London. With one hundred engravings on wood. Philadelphia: Blanchard and Lea. 1860. p. 440.

The diseases of the ear seem of all specialties of medical practice to be the least attractive to the masses of the profession. This want of interest may be accounted for by the ordinary inefficiency of treatment of deafness; for the pathology of the ear is but little known to practitioners, and a rational treatment is not usually applied to its diseases. The impediments to pathological investigation are so great that few trouble themselves with its pursuit. Encased, as the inner ear is, within an ivory-like casket, the unscientific opening of which destroys it for pathological investigation, and its extreme intricacy of structure, render the study peculiarly toilsome.

Beyond the exploring of the external meatus, and possibly of the Eustachian tube, the causes of deafness are not ordinarily much investigated, and, at most, a syringe and speculum form the paraphernalia of aural surgery of the general practitioner. The failure in securing proper attention from regular physicians therefore induces sufferers to yield to the pretensions of impostors, and ear disease has become, to a great extent, the especial domain of the itinerant empiric.

But it is certain that the ear is amenable to the same general principles of medicine applicable to other organs of the body, and it has only remained for a thorough knowledge of the pathology of the organ to be known, on which to base the scientific treatment of its diseases. The author thinks too, that the diagnosis of ear diseases is not more obscure, nor their treatment less clearly indicated, than is the case with diseases of many other organs. He remarks that "the organ of hearing is not so much concealed from view as several others (the heart, for instance,) of whose diseases we have a very clear knowledge; nor is its structure more complicated than that of the eye. The result of my own experience, and I think also of those who have carefully attended to my practice at St. Mary's Hospital, is, that the diseases of the ear are not more difficult to diagnose, nor are they, on the whole, less amenable to treatment, than those of the eye, the joints, or almost any other organ that can be named."

The author of this work has been long known from his valuable contributions to the literature of aural surgery. He has devoted a very long period to the exclusive study of the pathology of the ear, and the treatment of its diseases; and his opportunities for observation have not been exceeded, nor his industry excelled. He commenced his labors by making researches into the pathology of the organ of hearing, and has made nearly two thousand dissections of it, and, from these observations, he has deduced a rational system of aural surgery. As it was not possible generally to procure for dissection the ears of those whose

condition had been observed during life, he dissected every ear that he could obtain, in order to ascertain what are the most common morbid conditions to which the ear is subject —studying first the morbid anatomy of the ear, before advancing to the consideration of its pathology. The result of his observations show, he says, the existence of some most important affections which had heretofore not been noticed or suspected. In studying the pathology he prosecuted inquiries into the histories of patients whose ears were found to be diseased; making frequent dissections of the ears of the deaf who died in public institutions; examined carefully the deceased ears of the patients of an institution containing more than two thousand persons; and, in his dissections, compared the morbid appearances observed with the notes of cases during life.

He presents a systematic method of investigating diseases of the ear, and has originated an accurate and convenient mode of exposing for examination, the contents of the petrous portion of the temporal bone, which will much facilitate the labors of future observers.

The arrangement of the work considers, in succession, the Diseases of the External Ear and External Meatus; Membrana Tympani; the Eustachian Tube; Cavity of the Tympanum and its Contents; Mastoid Cells; Nervous Deafness; Malignant Diseases of the Ear; on the Deaf and Dumb; Ear Trumpets and their Uses.

This is the most original and complete work on the ear yet produced, and its practical character makes it an essential to almost every practitioner, for almost all will acknowledge a want of accurate informtion on its important subject.

Report of the Joint Committee of the New York College of Pharmacy and New York Academy of Medicine upon the U. S. Pharmacopœia.—From the transactions of the N. Y. Academy of Medicine. A very valuable and highly interesting document.

Seventeenth Registration Report of Massachusetts, 1858.—The State of Massachusetts leads the van in registration and vital statistics. This is again proven by the present report. We express a hope that all the States will soon be awakened to the necessity of strict and complete registration.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MAY 19, 1860.

A NARROW VIEW OF THE AMERICAN MEDICAL ASSOCIATION.

A western cotemporary, the *Louisville Medical Journal*, in some remarks introductory to a notice of last year's volume of Transactions of the American Medical Association, indulges in some reflections on that body, that, it seems to us, are entirely uncalled for, because they are not founded in truth. The writer seems to have taken up the book in a spirit of fault-finding, despite the announcement in the first paragraph that the result of his examination of it was "a state of general and particular admiration."

Beginning with the confession that he had not hitherto paid much attention to these transactions, our critic goes on to say: "To tell the truth, we have not had the exalted opinion of the Association that is entertained in some quarters, having regarded it rather as an arena where ambitious young men, of a noisy development, might have a chance to exercise their lungs, than as a place for grave, scientific discussion; and, thus far, we see no reason to regard it in any other light." Again, he says: "Our practical acquaintance with the Association is rather limited. We attended one of its meetings about a decade of years ago." The meeting which originated the volume the writer is noticing, was held in the city of his residence, and yet he confesses that he has never attended but one meeting—one of its first—and then not as a member of the Association, though he had "something for it to do, or rather, not to do!" He attends a meeting, in the capacity of a "lobby member," to engineer some favorite scheme through it, in which, he says, he "succeeded very handsomely and satisfactorily, and so quietly, that nobody knew anything about it for a week or two;" and, having undoubtedly a very humiliating sense of his own position, he judges of every one else by himself, and sets a low estimate on the body and all who comprise it; nor have ten years served to change his opi-

nion. During all that time he has regarded the Association as "an arena where ambitious young men, of a noisy development, may have a chance to exercise their lungs," in face of the fact that the most prominent medical men in our country are enrolled as members, and take part in preparing reports for its annual transactions, and in the discussions they give rise to. It is untrue that these discussions are engaged in wholly, or even mainly, by "young men," and if they were, we would ask whether "young men" have never done or said anything to the advantage of medical science? In view of what has been done for the interests of medicine by young men, this is a very gratuitous sneer. But any one who will read over the names of the permanent members of the Association, and who knows anything about the profession of the country, will see that it *is* composed of men of the first standing from all parts of the Union—men who are fit representatives of the profession of the United States of America.

We have no disposition to deny that the Association is susceptible of improvement, and we maintain that it is improving every year—that, at the meeting held in Louisville last year, it made a long stride in the march of improvement—but we respectfully submit that our confrère has not done, and is not doing, his share toward the advancement of the only body that can represent the profession of this country.

REFORM IN WEIGHTS AND MEASURES.

Our present system of weights and measures is, in reality, a dead-weight to sound and rational pharmacy, and much of the "uncertainty in medicines," so often experienced and so frequently complained of by practitioners, must probably be ascribed to the absence of a system of weights and measures, which secures uniformity in the strength of pharmaceutical preparations. This subject has again been forcibly pressed upon our attention by the various reports of medical and pharmaceutical bodies, in view of the changes to be made in the American Pharmacopœia, and we must, in this connection, allude especially to the report of the Joint Committee of the New York Academy of Medicine and the New York College of Pharmacy, which embodies many valuable suggestions and practical hints. We can do no better than to make a few extracts from the report, referring to the subject under consideration:

"The principal disadvantages of the present system are, first, that the weights differ from the avoirdupois weights that are in common use, and thus involve the necessity of two sets of weights to the pharmaceutists, which weights do not correspond in any of the denominations, except the grain, and present the anomalous and confusing circumstance, that whilst the avoirdupois pound is more than 20 per cent. heavier than the troy pound, the avoirdupois ounce is nearly 10 per cent. lighter than the troy ounce, and that the denominations are not convertible without troublesome fractions. The pharmaceutist, in his common relations with the commercial market and the public, must buy and sell by avoirdupois weight, whilst, in his relation with the medical profession and the Pharmacopœia, he is directed to use only the apothecaries' weights. The result of this is, that, in general practice, the pharmaceutist buys a set of so-called "grain weights," which embrace the apothecaries' division of the ounce, from two drachms down to a quarter of a grain, and beyond the scope of these uses only the avoirdupois weights, and recognizes no difference except that, while 16 of his avoirdupois ounces make an avoirdupois pound, 12 of the same kind of ounces make a troy pound. From such practice, which the committee believes is very common in this locality, the result is, that every formula of the Pharmacopœia thus used must be nearly 10 per cent. deficient in strength from this cause alone. Wholesale druggists, who commonly make tinctures and solutions upon a large scale, very rarely possess or use the prescribed troy weights at all, and probably still more rarely make the calculation necessary to compensate the difference; and the effect in this class of cases, from whence a large proportion of the preparations used in medical practice are derived, may be rendered apparent by a single pertinent example. The Pharmacopœia directs the tincture of opium to be made by the proportion of two and a half ounces of powdered opium to two pints of diluted alcohol, or one and a quarter ounces to the pint. One of the very largest wholesale drug establishments in this country—one which has a large branch in three large cities, and which your committee believes may be not unfairly given to represent a large proportion of the wholesale trade and practice—makes tincture of opium in the proportion of one avoirdupois ounce to the pint.

They thus, by striking off the fractional quarter of an ounce, diminish the proportion of opium 20 per cent. Then, by using the opium in lump instead of powdered opium, they again diminish the proportion of it 20 per cent. more, because opium loses about 20 per cent. in drying sufficiently to powder. Finally, by using avoirdupois ounces instead of troy ounces, they again diminish the proportion nearly 10 per cent. Tincture of opium thus made, is therefore about 50 per cent. deficient in strength, and upon such tincture a large proportion of the profession is obliged to depend."

In view of these disadvantages, it is evident that a reform, if not to say a complete revolution, in our system of weights and measures, becomes necessary. And yet we fully agree with the committee, that the time has not yet arrived when the decimal system of France could be introduced. Still, however, the difficulties in getting pharmaceutical preparations of uniform strength, alluded to, may be avoided by "ordering all solids to be dispensed by weight, and all liquids by measure. This would obviate the necessity of writing an ℥. before the sign for ounce, when measure is intended, and would relieve the pharmaceutist from responsibility in the matter, since he would then put up all liquids, whether it be ether or mercury, by measure, unless otherwise specially directed."

To reach and remedy the difficulties with regard to the weights in the formulas of the Pharmacopœia, the committee recommends that absolute weights and measures be altogether abolished, and be substituted by the term "parts"—meaning parts by weight. "Thus, f. i., say in the formula for tincture of opium: Take of opium, in powder, two and a half parts, diluted alcohol fourteen parts, (this being the ratio of the spirit by weight.) Then the operator may choose, in accordance with the quantity of tincture he requires, and the kinds of weight he may possess, to construe this term parts into pounds or ounces, or half pounds or half ounces, either avoirdupois or troy, since, no matter what system of weights he uses, he cannot change the ratio or relative value."

This is obviously a step in the right direction, and the suggestion will, we earnestly hope, be acted upon by the committee on revision of the Pharmacopœia. Dr. Squibb, to whom we are indebted for a copy of the report from which we have so freely quoted, and the other gentlemen of the joint committee, deserve great credit for the efficient and practical manner in which they have performed their laborious task.

☞In our Correspondence department will be found two brief communications on the recent controversy in our columns on version of the fœtus in utero by external manipulations. Their insertion, which seemed in fairness to be called for, is not intended to re-open the controversy, further than is necessary to give the parties a very brief space for mutual explanations.

☞A subscriber in Maine writes:—"I am much pleased with the manner in which you conduct your journal. It is to America what the London *Lancet* is to England—the leader in medical matters. Reading your journal is almost as good as visiting the hospitals of your city every week."

Another, in Tennessee, enclosing remittances for himself and a new subscriber, says: "I am well pleased with the REPORTER, and regard it as invaluable to the practitioner remote from medical centres of learning. I expect to continue a 'life member' on its subscription list."

Correspondence.

ERYSIPELAS COMPLICATING VACCINATION.

Editors Medical and Surgical Reporter:

At the close of last spring, after having vaccinated more than fifty children with comparative good success, I had the misfortune to witness true *erysipelas* following the operation in six of the eleven cases which I last vaccinated, the occurrence of this phenomenon placing me rather in an unenviable position, and so much discouraging me that, had the disease made its appearance in the beginning of the season, I should most assuredly have abstained from practicing the operation on any more, for that season at least.

I was wholly unprepared to meet this unwelcome visitor under such circumstances, never having seen anything in the books pointing out the possibility of

true erysipelas following the operation of vaccination; and, consequently, I felt perfectly at a loss for a solution of this unexpected phenomenon. However, thinking that some satisfactory explanation might nevertheless have escaped my notice in my examinations of the treatises on erysipelas and vaccination, I re-examined all the works, treating on the subjects, within my reach, but could not find anything sufficiently important to aid me in an investigation of the matter. Dr. Condie, in one of his editions of Dr. Watson's Practice, makes allusion to the fact of such an occurrence, but in too slight a manner for me to derive much satisfaction from it.

Fortunately, the complaint was mild in most of the cases, so that the ill feeling and loss of confidence in vaccination, which had sprung out of it, passed off almost simultaneously with the disease, thus extricating me from a most disagreeable position, in fact causing me almost to forget the occurrence until three weeks ago, when it was again revived by the appearance of the same phenomenon in the fourth case I vaccinated.

The scabs I employed in all those who were thus attacked, were taken from perfectly healthy children, which is proved by the fact that several others, in whom the same matter was used, went through the vaccine disease with the most satisfactory results.

That the disease could not have been imparted, is established beyond the shadow of a doubt, as no case of erysipelas had occurred in the neighborhood for more than a month previous to this occurrence; nor can I believe that atmospheric influences had any share in its production, since so many more had been exposed to the same influences without having sustained the slightest injury from the operation.

I am anxious to obtain more satisfactory information of this phenomenon, and it is solely to accomplish this end that I present it to the profession. I therefore hope that some reader of the REPORTER may become sufficiently interested in the matter, and give me the necessary information through the columns of the same journal. M.

LETTER FROM DR. WILBUR.

To the Editors of the Medical and Surgical Reporter:

The last No. of your journal has an article by Dr. Gregg, in relation to the controversy between the Scott County Medical Society and Dr. Langer, in which my name occurs so many times, and the true question at issue is so entirely overlooked, that I abandon the field. But in so doing, I desire to enter a brief protest.

An attempt is made to convict me of inconsistencies in my statements, by comparing the contents of two different articles, and assuming that I was the author of both.

The truth is precisely this: I prepared the first article without consultation with Dr. Langer, for reasons then given. I was indebted, as I then stated, for many of its statements, to the "Vindication of the Scott County Society." I may add here, that I knew nothing of Dr. Gregg but what I learned from his own "statement" in that article, and I expressed only the opinion produced in my mind by reading that. In so doing, if I transcended the rules of a fair criticism, I am sorry for it.

The second article was very properly headed, in your journal, "Dr. Langer's Reply, &c., presented by Dr. Wilbur." I mentioned in that particularly, that I was only "editing Dr. L.'s communication," "altering the form of his defence." Under these circumstances, I submit that I am not responsible for discrepancies in the two articles.

One word, more. I disclaim utterly any intention of "bringing Dr. Gregg's name from a contented obscurity, and branding it as infamous." I spoke of him only as "having lent himself *indiscreetly* to the service of Dr. L.'s enemies."

"AUDI ALTERAM PARTEM."

NEW YORK, May 12, 1860.

Editors Medical and Surgical Reporter:

Although you have closed your columns to any farther discussion of the questions growing out of the controversy between the Scott County Medical Society, of Iowa, and Dr. Ignatius Langer, I still beg the privilege of asking, through your pages, a favor of the members of that Society who conduct its correspondence. If candidly answered, I doubt not it will appear that we have American Professors of Obstetrics, who entertain entirely different views from those published by that Society in its defence.

The favor I ask of the special committee who issued a circular to the different Professors of Obstetrics, soliciting opinions in regard to version by external manipulation, is, *that they publish* ALL *the answers which they received.*

My reason for suspecting that opinions adverse to the position assumed by the Society have been withheld by this committee, has this basis:—two Professors of Obstetrics of this city, widely known as representing the most advanced views in their department of medicine, have personally informed me that they replied to that circular, stating that the operation was sanctioned by the best authorities; that it was practicable; and one of the Professors added to his communication a case, in which he had performed it himself.

If the Society are conducting this controversy with a conscientious regard to justice, and as a scientific body, are in pursuit of truth, they will not withhold from the profession the communications alluded to, or any others throwing light upon this subject. N. Y.

News and Miscellany.

Medical Society of the State of Pennsylvania.—The twelfth Annual Session of the Medical Society of the State of Pennsylvania will be held in this city, on Wednesday, the 13th day of June next, at 11 o'clock, A. M. We have intelligence from several sections of the State, and are gratified to learn that much activity and prosperity exist in county organizations, which, at one time, were threatened with dissolution. We therefore anticipate a large attendance.

The delegation from the Philadelphia County Society has organized, and has appointed the customary committee of arrangement and reception, of which Prof. S. D. Gross is chairman. The committee is busily engaged in making preparation for extending to our professional brethren from the interior a hearty welcome, and the usual hospitalities of the city. In a future issue, we may refer to this subject again, and will then give in detail the "general programme" as adopted by the committee of arrangement.

The following is a list of the delegates from the Philadelphia County Medical Society:

Drs. G. Emerson, D. F. Condie, S. Chamberlain, N. L. Hatfield, H. E. Drayton, John Bell, H. St. Clair Ash, W. D. Stroud, W. H. Hooper, J. Da Costa, W. Jewell, J. J. Levick, Squire Littell, H. Hartshorne, A. C. Bournonville, B. H. Coates, M. M. Levis, W. Darrach, A. L. Kennedy, D. Gilbert, W. H. Gobrecht, James Aitken Meigs, W. L. Johnson, W. B. Page, John F. Lamb, S. D. Gross, W. L. Knight, W. B. Atkinson, A. Nebinger, J. J. Woodward, W. Mayburry, D. D. Clark, Wm. Hunt, A. Frické, Washington L. Atlee, W. Gallaher.

The Iowa State Medical Society met at Dubuque, May 9th and 10th, Dr. Barrows in the chair. The following gentlemen were elected officers of the Society for the ensuing year:—*President*, Dr. Lewis; *Vice-President*, Dr. Hughes; *Recording Secretary*, Dr. Knowlson; *Corresponding Secretary*, Dr. Adler; *Treasurer*, Dr. Belden; *Censors*, Drs. McGugin, Reeder, Staples, Cozzens, Irwin, Gueth, Harvey.

Delegates to the American Medical Association—Drs. Hamlin, Watson, Cochrane, Fountain, Baker, Reeder, Knowlson, Steele, Flint, McGugin, Marsh, Lathrop.

Natural History Specimens—A pamphlet has been issued, giving instructions to persons who may be willing to take the trouble to send specimens of natural history, such as minerals, skins of animals, of birds, snakes, etc., to the great national collection of these specimens which is being made by the Smithsonian Institution. It is requested that the most common species of each neighborhood should be forwarded. The pamphlet of instructions will doubtless be sent to any one who may write for it to Professor Joseph Henry, the secretary.—*Scientific Amer.*

An Impudent Claim.—The London *Medical Times and Gazette* says: "To Mr. Simpson every surgeon is indebted for the exposition of the true value of metallic sutures, and the simplification of the operation for vesico-vaginal fistula."

Mr. Simpson is not entitled to any such claims, and has not made such pretensions. He has done nothing with metallic sutures which had not a long time previously been frequently done by Dr. Sims, and others in this country; and his operation for vesico-vaginal fistula is a complication, rather than a simplification, when compared with the plain and efficient manner in which it is performed by most American surgeons.

The Scientific American remarks, that the late prize fight would afford the London *Times* a good text for one of its interesting articles on the physical decline of the Americans.

Among the official members of the Japanese Embassy, which has just reached our shores, are three Doctors—Measaki, Morayama, and Kowasaki.

A New Medical College has been organized at Leavenworth City, Missouri. It is to have ten professorships.

Owen, the Naturalist, has been delivering a course of lectures on his science at Buckingham Palace, before the royal family, and ladies and gentlemen in attendance.

Erratum.—In the periscope of the last number of this journal, a typographical error occurred in the name of Dr. S. Weir Mitchell, of this city, who is alluded to by Dr. Richardson, of London, in his article on the investigations of Dr. Mitchell on the artificial production of cataract in animals.

Spanish Lunatic Asylums.—Chevalier Pugadas has arrived in Paris, in pursuance of a commission entrusted to him by the Spanish Government, of examining into the present condition of Lunatic Asylums throughout Europe, prior to the introduction of much-needed ameliorations into the Spanish asylums. Notwithstanding that Spain was the country in which asylums were first established, 1409, in no part of the world are they in a more deplorable state than at present, M. Desmaisons, of Bordeaux, having found, in a recent visit to the Madrid General Hospital, numbers of hapless lunatics tied to their beds in the subterranean vaults of the establishment. —*Med. Times and Gazette.*

Losses Sustained by Armies.—M. Meyne, a surgeon in a Belgian regiment of artillery, in a recent work on Medical Statistics, makes some interesting statements upon this point. He says that an army of 100,000 men, by the sole fact of having entered on campaign—*i. e.* leaving out the influence of epidemics and battles—will have 10,000 men in hospital. At the end of some months, if there have been some engagements, and the number of patients increase, as is usual, we must count upon a third being placed out of service by disease. During the first fifteen years of the occupation of Algeria by the French, one-eleventh part of the forces were carried off by disease, and a 265th part only by casualties of war; *i. e.* 23 times as many. Of the 115,000 Russian soldiers who invaded Turkey in 1828 -'29, but from 10,000 to 15,000 repassed the Pruth, the rest succumbing to fever, dysentery, and pestilence. During the Peninsular wars, of 25,000 French, 3,000 perished on the road from Bayonne to Lisbon, either from fatigue or the scorching sun of 1808. The English army, during a period of forty-one months, of an effective force of 61,500 combatants, lost 21,930 by disease, and only 8,889 by the casualties of war. The losses of the French during the Crimean war, were 16,000 deaths by the accidents of war, and 53,000 by disease—*i. e.* 16 to 53; and the proportions were much the same for the Sardinians and the English.—*Ibid.*

An Improvement in the Trephine.—Dr. Galt describes, in the *New York Journal of Medicine*, a modification of the trephine, which appears well calculated to insure safety in its application, rendering any injury to the membranes of the brain entirely impossible. The peculiarity is in the crown of the instrument, which is conical in shape, with spiral peripheral teeth and oblique crown teeth. The peripheral teeth cut only so long as there is any resistance to the crown teeth, and the conical shape of the instrument prevents the teeth being forced down upon the membranes.

The Naval Medical Board adjourned indefinitely on Saturday, May 5th. The assistant surgeons found qualified for promotion, were Daniel B. Conrad, James Laws, Francis L. Galt, John S. Kitchen, Albert L. Gihon, John Vansant, Edward R. Denby, and William M. Page. The following gentlemen were selected for appointment as assistant surgeons: James E. Lindsay, of N C.; Henry F. McSherry, of Va.; John J. Gibson, of Ill.; Osborn S. Iglehart, of Md.; Samuel J. Jones, of Pa.; Robt. R. Gibbes, of S. C.; Joseph W. Shively, Ohio. They will receive commissions successively, as vacancies occur in the medical corps of the navy. It is probable that all will be called into the service prior to the 1st of March, 1861.

☞The Cincinnati *Medical and Surgical News*, in a list of its exchanges, in which the number of pages of each journal is given, puts the REPORTER down as giving 16 pages a week. We furnish from 20 to 24 pages of reading matter weekly. Our cotemporary will please to correct this mistake.

Answers to Correspondents.

Dr. A. A. W., Kansas.—Bibron's antidote for rattlesnake poison is as follows:

Take of Iodide of potassium	four grains.
Corrosive sublimate	three grains.
Bromine	five fluid ounces.

Keep in a closely stoppered bottle. Dose—ten drops, diluted with a half table spoonful of brandy; to be repeated in half an hour if necessary. According to the best observations, none of the many specifics or antidotes against rattlesnake poisoning, are of avail, if any larger blood vessel, artery, or vein, has been struck by the tooth of the snake. The absorption of the poison in this case, and the septic effect which it produces upon the blood, is so rapid that nothing seems to be able to counteract it. If, however, the wound is limited to the surface and to the smaller vessels, by excision of the parts, by cauterization, or by sucking the wound, the absorption of the poison may be prevented, and the danger avoided. There are many roots and herbs growing in the South-west, looked upon by the Indians and hunters as specific antidotes. Among these are the Agave Virginica, L., the false aloe, vulg, the "rattlesnake's master." It grows in dry, gravelly soil; Pennsylvania, Southern, and Western States.

COMMUNICATIONS RECEIVED.—*Connecticut*, Dr. S. G. Hubbard—*Georgia*, Dr. Furlows, Dr. L. J. Roberts—*Illinois*, Drs. Roberts & Starett, (with encl.)—*Iowa*. Dr. Wm. D. Huffman, Dr. E. J. Fountain—*Kentucky*, Dr. C. Kichley—*Maryland*, Dr. W. S. Forwood—*Massachusetts*, Dr. S. Bradbury, (with encl.)—*Missouri*, Dr. Wm. C. Bond—*New Jersey*, Dr. A. N. Dougherty—*New York*, Dr. Geo. T. Elliott, Jr., (with encl.,) Dr. Stephen Smith, Dr. A. L. Saunders, (with encl.)—*Ohio*, Dr. L. R. Kirk, Mr. Geo. Mitchell—*Pennsylvania*. Dr. Isaac N. Snively, Dr. O. D. Palmer, Dr. F. William Schwan, Dr. James Roberts—*Tennesse*, Dr. Wm. S. Matthewson.

Office Payments—Dr. J. Ralston Wells; Dr. J. Houghton; Dr. W. Mayburry; Dr. Wm. Armstrong, (adv.)

———o———

MARRIAGES.

BEACH—MUNHALL.—In Fairfield, Iowa, on the 29th of April, by the Rev. J. B. Hardy, Dr. David Beach, Jr., and Miss Roxena Munhall, all of Fairfield.

HUNTINGTON—ALLEN.—On Wednesday, May 9th, at St. Matthew's Church, by Rev. G. Emlen Hare, D. D., David L. Huntington, M. D., to Annie M., daughter of Wm. H. Allen, President of Girard College.

SOUTHARD—FURNALD.—At Newark, N. J., on the 9th inst., by Rev. W. T. Eva, Dr. Lott Southard and Mrs. Margaret Furnald, all of that city.

WILKINSON—BURTON.—At New Brighton, on Wednesday, May 9, by Rev. James Brownlee, James Wilkinson, M. D., and Miss Lizzie Y. Burton.

DEATHS.

KRAITSIR.—At Morrisania, on Monday, May 7, suddenly, of disease of the heart, Charles Kraitsir, M. D., aged 56 years.

J. JACOB TEUFEL,

MANUFACTURER OF

SURCICAL AND DENTAL

INSTUMENTS AND TRUSSES.

103 South Eighth St., 3d door below Chestnut,

PHILADELPHIA.

☞ *A large assortment always on hand.* ☜ 186

TO PHYSICIANS.

WANTED, A PARTNER IN THE PROPRIETORSHIP OF an Institution, and a large Practice connected therewith. To a well-qualified Physician, who can furnish $3,000, this offers unusual pecuniary and professional advantages.

Applications to be addressed to

WILLIAM LEWIS, M. D.
Care of J. H. Rosenbaum,
Box 3,219, New York, P. O.

WANTED.

SEVERAL PERSONS TO TRAVEL AS **AGENTS** TO OBtain subscribers for this Journal. Students or young graduates would find this pleasent and profitable employment, as we allow a liberal percentage for new subscribers, and the exceedingly practical and popular form and low price of the REPORTER, will induce most physicians to subscribe to it if called upon.

None need apply without good recommendations. Address the Editors

Anatomical, Pathological, and Microscopical Preparations.

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS intrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood cut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILLUSTRAION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION intrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS M. D.
768 Florida street, Philadelphia

REFERENCES.

JOSEPH PANCOAST, M. D, Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.
D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.
ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.
J. DA COSTA, M. D., Physician to the Episcopal Hospital.
F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital.
Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN,** No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved
RADICAL CURE and other TRUSSES,
FEMALE SUPPORTERS,
SHOULDER BRACES,
ELASTIC STOCKINGS,
SPINAL APPARATUS
For weak and curved spines, and
INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

PHILADELPHIA HOSPITAL.

MANY IMPORTANT WORKS ARE MISSING FROM THE Medical Library of this Hospital. Persons having volumes out, will please return them, or any one capable of giving information regarding missing volumes, will oblige by communicating with the undersigned.

S. W. BUTLER, M. D., Librarian.

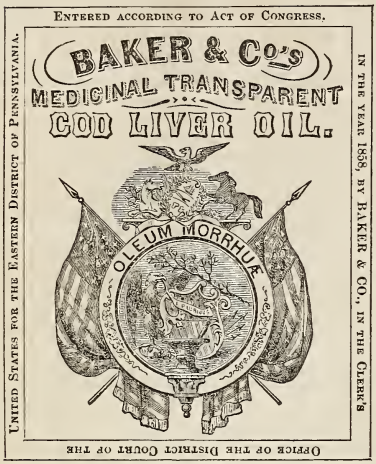
April 28, 1860.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICIN Chests. MEDICAL SADDLE-BAGS and Medical Pocke Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

The most Reliable, Efficacious, and Scientific Remedy for

CONSUMPTION, SCROFULA, DEBILITY, &c.,


ENTERED ACCORDING TO ACT OF CONGRESS.
IN THE YEAR 1858, BY BAKER & CO., IN THE CLERK'S
OFFICE OF THE DISTRICT COURT OF THE
UNITED STATES FOR THE EASTERN DISTRICT OF PENNSYLVANIA.
BAKER & Co's
MEDICINAL TRANSPARENT
COD LIVER OIL.
OLEUM MORRHUÆ

which, from its long established and well-tested reputation for purity freshness, uniformity of character, and superiority of its mode of preparation, from the most eminent of the medical profession throughout the country, the distinguished faculty of the oldest and best medical colleges, the University of Pennsylvania, and thousands of invalids—claims the patronage and confidence of all who desire the advantages of a superior and genuine article.

As the value of this remedy depends solely on its genuineness, invalids should be careful to take only that of undoubted reputation, as its qualification cannot be ascertained by observation.

For testimonials, see the pamphlets accompanying each bottle, and be sure to procure only "J. C. BAKER & CO.'S PHILADELPHIA COD LIVER OIL," which is to be had of all apothecaries, and from the proprietors.

BAKER & CO.,
175 154 North Third Street.

TRUSS

AND

BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES, (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

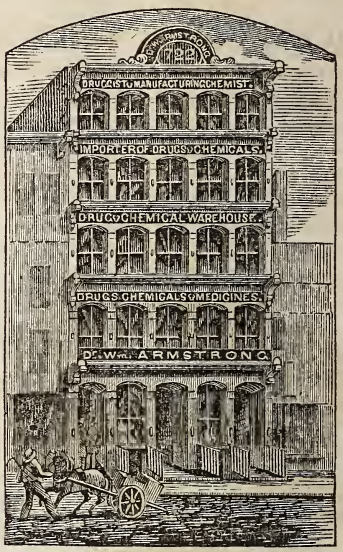
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection witha bove, with flattering results. 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.



Also a General Assortment of Concentrated Medicines, from the Laboratories of
MESSRS. KETTI & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut.	2 to 5	1 50
Alnuin	Res. Rd. Neut.	2 to 10	75
Apocynin	Rd. Res. Neut.	½ to 3	2 00
Asclepin	Rd. Neut.	1 to 5	1 50
Baptisin	Res. Neut	1 to 8	1 00
Barosmin	Res. Neut.	1 to 3	2 00
Caulophylin	Rd. Neut.	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut.	2 to 5	1 25
Chimaphilin	Res. Rd. Neut.	2 to 5	1 00
Collinsonin	Res. Neut.	2 to 5	2 00
Colocynthin	Rd.	½ to 2	2 00
Cornin	Rd. Neut.	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut.	1 to 3	3 00
Cypripedin	Rd. Neut.	2 to 4	1 00
Digitalin	Rd. Alk. two Neut.	½ to ½	1 50
Dioscorein	Res. Neut. M. R.	2 to 5	1 50
Enonymin	Rd. Alk. Neut.	1 to 4	2 00
Enphorbin	Rd. Neut.	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk.	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk.	2 to 5	1 50
Fraserin	Res. Neut. and M. R.	2 to 10	1 00
Gelsemin	Rd. Alk. Neut.	¼ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd Neut.	3 to 8	2 00
Hamamelin	Res. Neut.	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut.	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut.	⅛ to ⅓	2 50
Irisin	Res. Rd. Alk. Neut.	1 to 3	1 00
Jalapin	Res.	2 to 5	1 50
Juglandin	Rd. Neut.	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut.	2 to 5	60
Lupulin	Res. Rd. Neut.	1 to 4	75
Lycopin	Rd. Neut.	1 to 4	1 00
Macrotin	Rd. Alk. Neut.	⅓ to 2	60
Menispermin	Rd. Alk. Neut.	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut.	½ to 3	1 00
Podophyllin	Rd. Alk. Neut.	½ to 3	60
Populin	Rd. Neut.	2 to 5	50
Prunin	Rd. Neut. Amyg.	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to and sent to all parts of the United States. by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Philada.

J. M. MIGEOD,

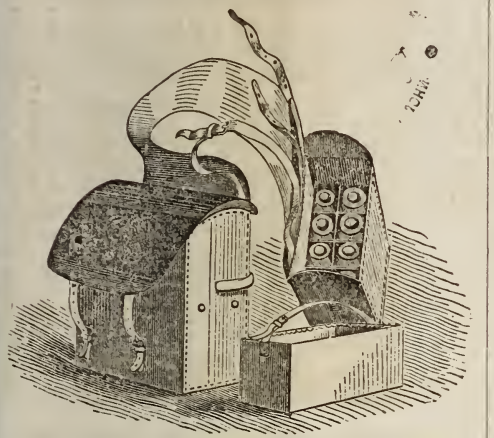
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " " $9 50
No. 2, containing 10 1 oz. " " " and 10 ½ oz. " " " 8 50
No. 3, containing 8 1 oz. " " " and 8 ½ oz. " " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " " 9 50
No. 6, " 16 1 oz. " " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " " 9 50
No. 9, " 16 1 oz. " " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles, " " 18 ½ oz. " " " " " 4 Pots, " " and " " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles, " " 14 ½ oz. " " " " " 4 Pots, " " and " " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottles, " " 10 ½ oz. " " and " " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and " " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles, " " 18 1 oz. " " " " " 18 ½ oz. " " " " " 4 Pots, " " and " " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles, " " 14 1 oz. " " " " " 14 ½ oz. " " " " " 4 Pots, " " and " " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles, " " 14 1½ oz. " " and " " 4 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116. t. f. B. FRANK. PALMER

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

ELECTRO-MAGNETIC

AND

MAGNETO-ELECTRIC MACHINES

AND TELEGRAPH REGISTERS

Receiving Magnets, Keys and Zincs,

MANUFACTURED AND FOR SALE BY

W. C. & J. NEFF,

No. 3½ SOUTH SEVENTH STREET,

PHILADELPHIA.

HUSBAND'S

ISINGLASS ADHESIVE PLASTER.

THIS PLASTER has been found to be admirably adapted to strapping after surgical operations, and as a dressing to either incised or lacerated wounds. It is cleanly, of easy application, adheres firmly *without producing inflammation*, and being semi-transparent, allows of an examination of the parts without their having to be disturbed by its removal, until, in many instances, the cure is effected. This Plaster is not affected by age, and will bear exposure to any climate.

Professor MUTTER, in his late edition of Professor Liston's Lectures on Surgery, &c., remarks that "the Isinglass Plaster, referred to by Mr. Liston, is exceedingly well made by Mr. Husband, of this city; and for some time past I have almost abandoned the use of the old adhesive plaster of the shops, which often, in persons of a delicate skin, or children, produces troublesome irritation."

For sale by the Druggists, and by

T. J. HUSBAND,

173 N. W. Cor. Third and Spruce sts., Phlada.

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P. . . . $0 37½
Aloes et Assafœt: U. S. P. . 37½
Aloes et Ferri . . . 37½
{ Pulv: Aloes, Socot: ½ gr. / " Zingib: Jam: 1 gr. / Ferri Sulph: Exsic: 1 gr. / Ext: Conii ½ gr. }
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
{ Pulv: Aloes Socot: / " Sapon: Hispan: / " Fruct: Colocynth: / " Gambogiæ / Oleum Anisi }
Anti-bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . . 37½
" Comp: (Plummer's) 3 grs. . 37½
{ Calomel / Oxysulph Antimony / Guaiacum Resin }
Calomel et Opii . . . 37½
{ Calomel 2 grs. / Opium 1 gr. }
Cathart: Comp: U. S. P. . . 37½
Cinchon: Sulph: 1½ grs. . . 50
Cook's, 3 grs. . . . 37½
{ Pulv: Aloes Soc: 1 gr. / " Rhei 1 gr. / Calomel ½ gr / Sapo Hispan: ½ gr. }
Colocynthidis Comp: 3 grs. . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . . 37½
Copaibæ et Ext: Cubebæ . . 37½
{ Pil: Copaibæ. 3 grs, / Ext: Cubebæ 1 gr. }
Copaibæ Comp: . . . 37½
{ Pil: Copaib: / Resin Guaiac: / Ferri Cit: / Ext: Cubeb: }
Fel Bovinum, . . . 50
{ Inspisated Oxgall 2 gr. / Powd: Jamaica Ginger, 1 gr. }
Ferri (Quevenne's) 1 gr. . . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . 37½
Ferri Comp: U. S. P. . . 37½
Ferri Iodid: 1 gr. . . . 50
Ferri Lactat: 1 gr. . . . 37½
Ferri et Strychniæ . . . 62½
{ Strychniæ 1-60 gr. / Ferrum per Hydrogen (Quevenne's) 2 gr. }

PIL: Ferri Valer: 1 gr. . . . 75
Ferri et Quin: Cit: 1 gr. . . 50
Ferri et Strychniæ Cit: 1 gr. . 37½
{ Strychnia Cit: 1-50 gr. / Ferri Cit: 1 gr }
Galbani Comp: U. S. P. . . 37½
Hooper (Female Pills) . . 37½
Hyd argyri, U. S. P. 3 grs. . 37½
Ipecac et Opii, 3½ grs. . . 37½
Pulv: Doveri, U. S. P.
Opiii, U. S. P. 1 gr. . . . 37½
Opii et Camphoræ . . . 50
{ Pulv: Opii, 1 gr. / Camphoræ, 2 grs. }
Opii et Plumbi Acet: . . . 37½
{ Pulv: Opii, ½ gr. / Plumbi Acet: 1½ grs. }
Quiniæ Sulph: 1 gr. . . . 62½
Quiniæ Sulph: 2 grs. . . . 1 00
Quiniæ Comp: . . . 75
{ Quin: Sulph: 1 gr. / Ferrum per Hydrogen (Quevenne's) 1 gr. / Acid Arsenious 1-60 gr. }
Quiniæ et Ext: Belladon: . . 62½
{ Quiniæ Sulph: 1 gr. / Ext: Belladon: ½ gr. }
Rhei, U. S. P. . . . 37½
Rhei Comp: U. S. P. . . 37½
Scillæ Comp: U. S. P. . . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
{ Pulv: Aloe Scott: / Gum: Mastich: / Flor: Rosæ }
Zinci Valerian: 1 gr. . . 75
GRANULES, Acid: Arsenious, 1-20 gr. . 25
" " 1-50 gr. . 25
Aconitia, 1-60 gr. . . . 50
Atropia, 1-60 gr. . . . 50
Corrosive Sublimate, 1-12 gr. . 25
Digitalin, 1-60 gr. . . . 50
Elaterium (Clutterbuck's) 1-10 gr. . 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr. . 25
" Nux Vomica, ½ gr. . 37½
Mercury Iodide, ¼ gr. . . 25
" Red, 1-16 gr. . . 25
Morphia Sulphate, 1-10 gr. . 37½
" " 1-6 gr. . 50
" Valerianate, ⅛ gr. . 62½
Quinia Valerianate, ½ gr. . 1 00
Silver Nitrate, ¼ gr. . . 37½
Strychnia, 1-20 gr. . . 37½
" 1-40 gr. . . 37½
Veratia Sulphate, 1-12 gr. . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 180, 1y

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 188. | PHILADELPHIA, MAY 26, 1860. | NEW SERIES VOL. IV. NO. 8.

ORIGINAL DEPARTMENT.

Communications.

Endermic Application of Sulphate of Morphia.

By Wm. Johnson, M. D.

Of White House, N. J.

Endermic medication in my opinion, has not been sufficiently appreciated by the profession. Notwithstanding much has been written in attestation of its value, it still occupies a low place in the therapeia of the general practitioner. From this position it deserves to be rescued. It is not my intention, however, to enter lengthily into the discussion of this subject. I refer to what has already been written upon it. My remarks will be confined to the article of my caption. Endermic medication may be successfully effected by many articles without any lesion of the cuticle, by impressions on the sentient nerves of the cutis vera; such for instance are tobacco, the tinctures of opium, belladona, digitalis, veratria, &c. But to obtain the full benefit of endermic medication from sulph. morph., it is absolutely necessary that the cuticle be denuded, and the article be applied to a raw surface. This object may be effected by inoculation with a lancet by making a number of punctures—say 30 or 40, and introducing a strong aqueous solution of the salt, as practiced by Drs. Jaques and Castiglioni. The same object may be effected by subcutaneous injections as practiced by Dr. Alexander Wood, of Edinburgh, and others. But this method lacks simplicity; few practitioners comparatively have the necessary apparatus for its performance. The plan that I have pursued for upwards of twenty years, has been to apply a small blister over the part on which the local impression is to be made, and when sufficiently drawn, to elevate a small portion of the cuticle, and dust over a surface as large as a dime, from a third to a half a grain of morphia. I then replace the cuticle and dress the blister with an ointment of hog's lard and beeswax. This process I repeat every 4, 6 or 8 hours, taking care to apply the morphia every time over a new surface of the blister. My attention was directed to this kind of medication in the following way About twenty years since I was called up in the night to visit a female patient with typhoid fever, who was attacked with severe pain and great tenderness of the epigastrium. From the pathological condition of her tongue which was void of the slightest moisture, and indicated a locked up condition of the secretions, I was induced to resort to endermic medication. I applied a blister to the epigastrium, and as soon as it was drawn enough to detach the cuticle I applied half a grain of morphia to a denuded surface. It really acted like a charm. The pain was removed and never returned, and the patient rapidly recovered. A few nights after this, I was called up again to visit another female patient with typhoid fever, attended with most excruciating pain in one of her temples. The dry tongue, mental aberration, and the same pathological conditions were present as in the first case, and as I did not like to administer morphia by the mouth, I resorted to the same measures which had proven so eminently successful in the first

[1] Perhaps I may have been more indebted than I am aware of to an article in 12th vol., page 254 of Braithwaite, by Dr. A. T. Thompson.

case, and with results equally pleasant. A blister was applied to the temple and dressed with morphia. Her recovery was complete.

I do not pretend to say that the blisters themselves exerted no salutary agency in the foregoing cases; but I am perfectly satisfied in my mind, that nearly all the credit was due to the local application of the sulphate of morphia. These cases made a strong impression on my mind in favor of the endermic application of morphia, and led me to its frequent employment. The relation of a single case more shall conclude this communication. It is from a recent entry in my case book.

April 1st, 1860. Mrs. M'P. aged about 55 years, was attacked with most excruciating pain in the right shoulder. My son, Dr. J. V. Johnson, cupped her, directed bathing the part with tinct. verat. and administered laudanum freely internally. She appeared to be somewhat relieved by these means, but the pain soon returned with the same degree of intensity. He saw her again and directed nearly the same medication, and with the same results. At his request I visited her. I found her laboring under the following symptoms, viz: agonizing pain in the right shoulder, a little below the joint, pulse 60, tongue slightly furred, bowels open. I diagnosed neuralgia. I applied a small blister over the seat of pain, and directed the family after the blistering plaster had drawn, to remove a portion of the cuticle and dust the denuded part with one-third of a grain of morphia, and repeat the process every six hours. Let a fresh portion of the cuticle be raised up at each application of the morphia; cover the whole with unq. cerae. flavae. I directed a whole Dover powder to be given every three or four hours. If the narcotic effects be too considerable, to be governed accordingly. I found my patient the next day very greatly relieved. No degree of narcotism was produced by the medicines. This course was continued for a week and the patient thought herself to be well. In a few days after she went out into her garden, and was soon seized with excruciating pain in her left side. She was again cupped freely by my son, and a large sinapism applied. I saw her the next morning. The pain was worse, if possible, than when it occupied her *right shoulder*. It affected her respiration very much, *but there was no cough;* her pulse was not over 60. She had taken seven Dover powders during the night, each powder containing one grain of opium, but with little or no relief. She had not closed her eyes in sleep. She insisted upon it that she had pleurisy to which she was subject. I examined her chest by percussion and by auscultation and declared that she had not pleurisy, but that she was laboring *under neuralgia of the intercostal muscles*, and that it was the same kind of pain which she had had in her shoulder. She begged me to bleed her, as she had always been benefited by it in her attacks of pleurisy. I told her that there was no necessity for the operation, and that there was no evidence of inflammation in her case, but that by way of experiment I would open a vein, and keep my finger on the artery at the wrist, and stop as soon as there was any flagging in the pulse. I thought it possible that she might have a depressed pulse. The pulse did not become more developed with the bleeding. I took however about twelve ounces of blood before any impression was produced. I took care also to bleed her in an erect position. She thought herself somewhat relieved by the bleeding. *No buff appeared on the blood after cooling.*

I may be censured for yielding to the importunities of my patient and abstracting blood, against the convictions of my own judgment. But although I did not think that the operation would benefit her, I did honestly think that with the precautions I had taken, it would not injure her. I now applied another plaster of cantharides, and directed the same course to be pursued as when the disease had affected the opposite shoulder. I left her also the Dover powders to be taken as before and directed her to take a tea spoonful of Rochelle salts four times a day. She was completely relieved of all pains in four or five days. She re-applied the blister several times in order to get a raw surface for the application of the morphia.

I might detail many more cases of a similar

character with the foregoing, but my limits forbid. The object which I had in view in this communication has been accomplished, namely, the presentation of the claims of endermic medication.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MAY 16, 1860.

MEDICAL DEPARTMENT.—Service of Dr. Levick.

(Reported by J. Solis Cohen, M.D.)

I propose first to call your attention to the case of typhoid fever which, you may recollect, was before you a week ago. I need not repeat her history, but will merely allude to her treatment and its results. At the time of her admission she was placed upon the use of milk punch, a wineglassful every two hours, essence of beef every two hours, sulphate of quinine to the amount of six grains daily. To check the diarrhœa laudanum enemata were resorted to. Under this treatment there has been a gradual and steady improvement, her tongue has become more moist and clean, her strength has steadily come up, and now, in the early part of the third week, she is decidedly convalescent. We have substituted wine-whey, in doses of a wineglassful three times daily, for the stimulus she heretofore took. The diarrhœa has ceased, and her deafness has disappeared. But, remember gentlemen that even at this stage such a patient is not safe from the accidents which attend typhoid fever, and any imprudence in diet may be followed by an aggravation of her disease, by perforation and by death. We will let her have sufficient food, but it will be given her in the liquid form.

Gonorrhœa, Ophthalmia, and Rheumatism.—The case seen by you at our last clinic.* This interesting case has claimed our closest care and attention since you last saw him, and I am glad to present him to you in a somewhat improved condition. You may recollect he was placed upon the use of the compound tincture of cinchona f℥j, four times daily, and that a solution of nitrate of silver, 20 grs. to the ounce, was dropped in his eye, and a lotion containing corrosive sublimate, muriate of ammonia and water was kept applied constantly to the eye. In a consultation with my colleagues, Drs. Pancoast and Hartshorne, it was decided to continue the treatment, and to add to it the compound decoction of sarsaparilla with 1-12 of a grain of corrosive sublimate thrice daily. On close examination a small pustule was found at the outer edge of the cornea of the other eye. To this a solution of ten grains to the ounce of nitrate of silver, was applied. On the same day a bottle of porter was given him. Under this treatment, as you now see, there is less chemosis, and less discharge from the eye. The superior portion of the cornea appears to have become entirely disorganized, with the exception of its inner layer, and, as you perceive, there is still great dullness of its inferior half. In this inflamed condition it becomes a matter of great importance that the pupil should not become blocked up with effused lymph and we keep it dilated by the application of the solution of sulphate of atropia, gr. ij. to f℥j. Bad as its condition still is, I think you will agree with me that there has been a perceptible improvement in it since he was last before you. We will continue his treatment as before. The right eye is nearly well. His rheumatism has somewhat diminished—the gonorrhœa is much as when he was admitted. The other case of gonorrhœal rheumatism, which I presented to your notice, has very much improved under the use of balsam of copaiba and of Dover's powder.

Bright's Disease of the Kidney, &c.—This patient is 62 years old, born in Ireland, widower, by occupation a clerk, was admitted May 14, 1860. Since he has been in America, during the last five years, he has met with great reverses of fortune. Confesses that he has always been a free liver, and excepting the last few weeks, has been drinking largely. Had good health until five weeks ago, though for a fortnight preceding he had felt weaker than usual. He could not refer his illness to any exposure to cold or wet. After having felt much weaker than usual for a fortnight, he noticed that his feet and ankles were swollen; at the same time he was annoyed with a dull pain in the small of the back. This has increased steadily, and he now also suffers greatly from dyspnœa. You will notice this swelling of the lower extremities, and, I think, you cannot fail to observe the peculiar alabaster whiteness of the skin. There is little or no ascites. The action of the heart is rapid but feeble and I fail to perceive any abnormal sound. Throughout the chest there are loud, sonorous, and sibilant rales, mixed with moist sub-crepitant rales. These indicate a diminution in the healthy calibre of the respiratory tubes and, probably, in part, are due to the œdema of the lung corresponding to that in other parts of the body. We must examine his urine, and here gentlemen I must be allowed to say that to neglect to examine the urine in such a case as this, and in very many other diseases, is to neglect a

* In consequence of the press of matter for our columns, the clinic containing an account of this case has not yet appeared. It is not the case reported in our last number, but another case in which the ophthalmia was produced by the direct application of the gonorrheal virus to the eye.

most invaluable aid to diagnosis, almost equal to the neglect of auscultation and percussion.

The quantity of urine passed daily is very small. You will at once perceive that it is of a dull, dirty, coffee color, having a copious flocculent sediment; its specific gravity is 1020. It is alkaline to test paper, and hence heat alone does not coagulate it; there is, however, much turbidness resulting, but by nitric acid there is a coagulum produced. Under the microscope we find a large number of crystals of the phosphates, by which the whole field of the microscope is covered. Changing the field somewhat, we find myriads of minute oil globules, giving a beautifully beaded appearance, sparkling with the transmitted light. We have, then, an important evidence afforded by these appearances, and first, of the phosphates. The existence, for any considerable time, of the earthy phosphates, unattended with some local disorder, is significant of a depressed state of the nervous force; hence we find them not unfrequently in old people, exhausted by the infirmities of age, or by disappointments or poverty, which are often the concomitants of advanced years. How strikingly are these causes and these phenomena displayed here—an old man who has seen better days, but who is now without money and without friends, in a strange land. But, as you have seen, we have more than this: though at first disposed to think the precipitate might be that of the phosphates merely, I find there is albumen, as well as a great abundance of free oil globules in the urine. This is what we might expect from his history—a dull pain in the back, with general weakness, œdema of the lower extremities steadily increasing, an alabaster whiteness of the skin, and dyspnœa—these all prepare us for the microscopic appearances we have found, and compel us to pronounce this a case of Bright's disease of the kidney. Very different is this from the last case of dropsy seen by you, which owes its existence to the diseased condition of the liver.

You have recently had your attention called to this disease by my colleague, Dr. Smith, in a case of acute albumenuria which he exhibited to you, and I shall, therefore, not go into any detail as to its nature, other than to say, that of the three forms in which it presents itself—the acute desquamative, the fibroid, and the fatty degeneration—I believe this to be the latter. In other words, the structure of the kidney has undergone fatty degeneration, and from the great excess of oil found in the urine, I have no doubt that this degeneration has advanced to a very considerable extent. I wish you to draw clearly the distinction between fatty deposit and fatty degeneration. They owe their existence to conditions of the system directly the reverse of each other. The first occurs when the nutritive functions are vigorously performed, the second is the result of a greatly diminished nutrition; it is, indeed, an approach to the condition which, carried still further, ends in gangrenne. Hence we find fatty degeneration in persons of low vital force, in those of dissolute habits, as with drunkards, and in the very aged or in those prematurely old. This degeneration may affect various structures, as, for example, the heart, the blood vessels, the liver, the kidneys, the brain substance, etc. In this instance the organ most obviously affected is the kidney; but I have little doubt that the liver, and perhaps the heart, are similarly affected, constituting a triple lesion not uncommon. I infer that this is the case with the heart, from the fact that its actions are very feeble, the sounds scarcely perceptible, and I find in this man's eyes an appearance which is often associated with fatty degeneration of the heart, and is known as the *arcus senilis*. This is a fatty degeneration of the cornea, and is well marked here in both eyes.

You will observe that our patient is suffering from great dyspnœa, so that it is with difficulty he can lie down. As I have intimated, this is, no doubt, in a great measure due to an œdematous condition of the lung, and constitutes a very grave complication of albumenuria. The patient, who was extremely feeble, was now sent out, and Dr. L. remarked that the case was altogether a hopeless one, so far as any permanent recovery was concerned. Where the structure has been converted into fat, we cannot restore the healthy tissue. We may, however, if called early, in some cases, arrest any further degeneration, and this is best accomplished by the administration of analeptic remedies, surrounding the patient by invigorating influences, etc. But this case is too far advanced to effect even this much, and conjoined, as it already is, with pulmonary edema, will doubtless soon prove fatal. I have no doubt that, were we to examine the lungs, we should find them saturated with fluid, like a sponge which has long been in water.

It is probable that a free purgation would afford him relief, but he is so prostrate that I fear to obtain it. We have applied dry cups over the back of the chest and the region of the kidneys, and are giving him carbonate of ammonia and brandy. Dr. L. then made a few remarks on albumenuria as a cause of puerperal convulsions, to which attention has been particularly called recently by Dr. Carl R. Braun, of Vienna.

Post-Mortem Specimens—Tubercles of Lungs and Bowels.—This specimen is taken from the man whom I exhibited to you in an advanced stage of phthisis, in whom the *cracked metal sound* was so well marked at the summit of the left lung. He had been ill nearly a year, and as was then stated, the physical

signs were those of a large cavity, with other cavities opening into it. He died suddenly, of hemorrhage. You will perceive that the lungs contain tubercles in great numbers, chiefly of the miliary form. On the left lung there is an enormous vomica, occupying the greater part of the upper lobe. Opening into this are numerous smaller cavities, and crossing the main cavity are the remains of a blood vessel, which has just given way, and to which the sudden hemorrhage and death are due. In the large intestine we find a great amount of disease. It is studded with large tuberculous ulcers, some of which seem ready to perforate the bowel. These ulcers occupy a different position from those of typhoid fever. In this case they are chiefly found in the large intestine, but when situated in the small intestine they are placed transversely to it, parallel with the valvulae conniventes, while the ulcers of typhoid fever are chiefly found in the small intestine, and are parallel with the length of the bowel.

JEFFERSON MEDICAL COLLEGE.

Reported by J. Solis Cohen, M. D.

WEDNESDAY, MAY 9, 1860.

Surgical Clinic by Prof. Gross.

Specific Laryngitis.—(See REPORTER, May 12th, p. 123, May 19th, p. 145.) This patient is improving under treatment. Her bowels are moved once a day, and she has still sickness of stomach. She is to take 10 grains of the blue mass, with 1 grain of ipecacuanha at bed time, to be followed in the morning, if necessary, by a heaped teaspoonful of Epsom salts dissolved in water, with some peppermint to mask the taste. The other treatment is to be continued.

No external applications to the neck have been made because Prof. Gross has rarely seen them of benefit in these cases.

Removal of the Mammary Gland.—This had been another case of scirrhus, for which the operation of extirpating the mammary gland had been performed before the class some weeks since. The parts have healed beautifully, and there is no pain. The patient was cautioned to regulate her diet, to drink no coffee, eat no pie, hot bread, &c.

Tumor in the Anterior Triangle of the Neck.—This is a tumor occupying part of the triangle formed by the lower ramus of the inferior maxillary, and the sterno-cleido mastoid muscles. There has been enlargement with suppuration, or the formation of an abscess. The parts are to be painted at bed time with the undiluted tincture of iodine, and after the tincture has become quite dry, a poultice of bran, mixed with salt water, is to be applied. This tumor has been connected with ulceration and loss of one of the molars.

Enlargement of the Spleen.—This is in a male infant, aged 27 months, who has been sick since June last. The child's abdomen began to swell a little before Christmas, and has continued to enlarge. There has been some swelling of the lower extremities. There is a tumid condition of the countenance, which has a pale, pasty appearance. The sclerotic coat of the eyeball is remarkably white and glistening, very much as is observed in tubercular disease. The child has never been troubled with cough. He passes a large amount of urine, and has free evacuations from the bowels, the fœces being ash-colored and offensive.

The tumor in the abdomen extends as far as the umbilicus, down into the groin, and up into the short ribs, and has very distinctive outlines. It is an enlarged spleen, and its sharp edge can be felt quite distinctly.

The child has the strumous appearance, and the spleen is probably tuberculous, as well as enlarged, and there may be a similar condition of many of the mesenteric lymphatic ganglia, and also probably a slight effusion of serum, though much of the enlargement of the abdomen is due to gaseous distension.

The child has cold feet, and is thirsty and restless at night. The urine is to be tested for albumen, the result of which will be given on a future occasion. The child is to take the syrupus ferri iodidi, (L. E. D.) at first in doses of 12 drops four times a day, gradually increased to 20 drops, given in a tablespoonful of water, with enough loaf sugar to render it pleasant to the taste.

To correct the condition of the digestive apparatus, he is to take 2 grains of blue mass and 2 grains of bicarbonate of soda, rubbed up with a little sugar and water every other morning. The diet is to be light and nourishing, and not to include any solid meat.

Depression of the Skull, with Partial Separation of the Parietal Bone from the Squamous Portion of the Temporal Bone, accompanied with Backward Curvature of the Spine.—This is in a boy 7 years old, who, two weeks ago, met with an accident in which a number of bricks from a falling chimney fell upon his head, causing concussion of the brain, from the immediate stunning effects of which he recovered in about fifteen minutes, with an attack of vomiting.

Before the accident, the boy had no trouble in his back. There is now a marked curvature backward, affecting the upper portion of the dorsal vertebræ, which may be explained on the supposition that the weight of the bricks transmitted to the spinal column, bent it a little backwards. There is no lateral curvature. The right shoulder is depressed in

a marked degree, and the head hangs over a little to the right.

There is a very remarkable depression of the skull on the right side, in which there is apparently a separation of the posterior portion of the parietal bone from its junction with the squamous portion of the temporal bone. The patient vomited a good deal for two or three days after the injury, and at night he jerks in his sleep, as if frightened. He is less lively than before the accident, and when he walks leans over on one side.

This child was evidently badly hurt, not with reference to the depression of bone, but with reference to the shock received by the brain, and probably by the spinal cord also. This child will be thoroughly examined before next clinic day, when a more full report of the nature of the lesion will be given. In the meantime, he is to take nothing but the lightest kind of food, such as bread and milk, &c., and he is to be well purged every other day with 5 grains blue mass, 3 grains comp. extract of colocynth, made into two pills. The child is not to run about, and to lie a good deal in his bed, on account of the affection of the spine.

After concussion of the brain, even when comparatively slight, the patient must be treated as an invalid for some weeks, lest there should arise inflammation of the brain. The ordinary diet should be avoided, if not plain and simple; the bowels should be kept in a soluble condition, and the patient refrain from his usual exercise of mind and body.

Congenital Hydrocele.—(See REPORTER for April 28th, page 82.) The fluid had been evacuated from the sac, and a strong solution of alum been applied, but with no permanent benefit. A silver wire was inserted into the scrotum, and its protruding ends twisted together, which will be retained 12, 18 or 24 hours, according to its effect, but on no account longer than 24 hours. The fluid will drain off by the side of the wire, and then inflammation will supervene, plastic matter be poured out, and the contiguous surface become glued together, so as to form a permanent cure, the object of the treatment being to excite obliterative inflammation. The parts are to be watched, that there be not too much inflammation; and if there is much pain, a few drops of laudanum may be administered, and cold applications be made to the parts. This is the most simple method of radical cure, though sometimes the ordinary silk thread, well waxed, is introduced instead of the metallic wire.

The fluid which came away in the insertion of the wire was unusually yellow.

Cataract.—This is of four years standing, occurring in a negro woman; it is a most beautiful case of cataract, and affects the crystalline lens, either alone or with its capsule.

The patient is to be put under a preparatory course of treatment, with a view to an operation on the 23d. She is to take every third or fourth night, 5 grains blue mass, 5 grains comp. extract of colocynth, and 1 grain ipecacuanha. She is to abstain from meat. The pupil is to be dilated by the application of ¼ grain of atropia in 2 ʒ of water, with the addition of 2 or 3 drops of acetic acid. This is to be applied directly to the cornea or conjunctiva 2 or 3 times before the operation, commencing the night before the operation, then again on the following morning, a third time towards noon of the same day.

Epithelioma occupying the Cheek—Removal.—This had existed for 18 months on the cheek of a man 60 years of age. The tumor was moveable, showing it to be connected with the skin only. Its surface was quite rough. It commenced as a little lump, which was picked off, and afterwards returned. Scabs constantly formed upon it, and fell off again in the course of a week. It itched sometimes, and burns a little, but was not painful. It extended but very gradually.

These tumors are apt to recur after extirpation. Occasionally, in their earlier states, they can be removed by constitutional treatment, without the use of the knife, by the use of alteratives, such as iodide of potassium, alone or with a little mercurial. If there is much vascularity in the parts themselves, or immediately around, a few leeches occasionally would be of service, and as a constant local application, a slippery elm poultice to soothe the parts, and after the surface begins to discharge some healthy matter, the poultice may be replaced by the dilute ointment of the nitrate of mercury, touching the parts, if they are unhealthy, with the acid nitrate of mercury, or with chromic acid.

In the present case the tumor was removed by an elliptical incision in the transverse direction.

The parts were brought together with the twisted suture, the amount of integument being scanty. The patient was directed to take every fourth night a purgative composed of 5 grains each of blue mass, comp. ext. of colocynth, and jalap.

In the course of a week or so, he is to be placed under an alterative plan of treatment, employing the iodide of iron and the iodide of potassium.

The diet is to be carefully regulated, to be light and simple, but not too restricted.

Entropion.—This was a case of 20 years standing, occurring in a negro girl 28 years of age. There was entropion of both eyelids. The margin of the lid was turned in towards the ball of the eye, and the eyelashes constantly infringing against its sur-

face, had kept up a certain amount of inflammation. Both the upper and lower lids were affected, for the relief of which an operation was performed, which consisted in removing an elliptical portion of integument from each eyelid, embracing some of the fibres of the orbicular muscle, the object being to turn the lids with the lashes out when the parts are brought together.

The operation was performed with the forceps and scissors.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D.)

WEDNESDAY EVENING, MARCH 14.

DR. REMINGTON, (President) in the chair.

Subject for Discussion—DIPHTHERIA.

(Continued from page 59.)

Dr. CONDIE remarked, that the gentleman who opened the subject for us to night had so completely occupied the entire ground in respect to the history, pathology, and treatment of pseudo-membranous angina as to leave but little ground for discussion.

He was pleased with the reference which had been made to the very full accounts of the disease, under various names, that had been transmitted to us from the older physicians. In most of which the mode of attack, the leading characteristics, the progress and the termination of the newly baptized malady, are delineated with great fidelity. This circumstance is the more necessary to be kept in mind from the fact, that in many of the recent communications in relation to the disease, it is spoken of in a manner that would lead us to suppose it an entirely new malady which had sprung up within a short period, and upon which the records of our profession shed no light whatever.

Dr. Condie regretted to find that a gentleman of the classical attainments of the lecturer of the evening had thought proper to endorse the ridiculous name "*diphtheria*" given by the Registrar General of England to the disease which is the subject of our present discussion. Of itself, the name conveys no definite idea of the character or nature of what it is employed to designate. Pseudo-membranous angina, though certainly not altogether unexceptionable, is still, on many considerations, to be preferred. Change in our medical nomenclature should not be encouraged, excepting where such change is evidently an improvement. He would desire to see American physicians somewhat less prone to adopt every innovation in medical nomenclature suggested by foreign writers, when, as in the case before us, no valid reasons can be offered to justify such innovation.

The lecturer was correct, Dr. C. believed, in stating that pseudo-membranous angina bore in the general features of its pathology, a very close affinity with epidemic erysipelas. He might, he was convinced, have added, with entire propriety, an affinity, also, with scarlatina. The local and most prominent symptoms in all three diseases being secondary and subordinate to a general morbid condition of the system.

In their more aggravated forms, all three, prevail usually as epidemics, and often within very circumscribed limits. It is no uncommon thing to meet, however, with sporadic cases—though these, from their mildness and usually favorable termination, seldom attract much notice.

Pseudo-membranous angina, Dr. C. repeated, was a systemic disease. The pathognomonic phenomena are by no means those of the throat—congestion of the mucous and sub-mucous tissues of the fauces, with a membraniform exudation to a greater or less extent. These latter symptoms are present in croup, and often, also, in scarlatina, and it is not uncommon, even in mild cases of purely local tonsillitis in children to meet with patches of a pseudo-membranous appearance on the surface of the inflamed glands.

Whatever may be the causes by which pseudo-membranous angina is produced, it is very evident that, the same as is the case in erysipelas and scarlatina, they are such as, either by their introduction into the general mass of the circulation, or by the disturbance they produce in the function of hæmatosis, destroy, at a very early period of the attack, the normal crasis of the blood. The recognition of this fact, Dr. C. believed to be essential to the successful management of the disease. Our remedies are to be directed mainly to restore the healthy condition of the blood, without, at the same time, entirely overlooking the local affection of the throat. Whoever shall attempt the cure of pseudo-membranous angina by a treatment directed solely to the morbid condition of the fauces, to remove the membraniform deposit from the faucial mucous membrane, and to prevent its subsequent re-formation, will meet constantly with disappointment. For the arrest of the disease, local remedies are altogether inefficient—a constitutional treatment is absolutely requisite. It has been on its effects in the milder cases, where very little medication of any kind is required, that the reputed efficacy of a simply local treatment has been based.

From the histories which have been furnished us of the epidemics of pseudo-membranous croup that have appeared in former years, it would appear, Dr. C. remarked, that the disease is most liable to

prevail during a condition of atmosphere similar to what we have experienced in our vicinity for some time past—great and sudden vicissitudes of temperature, with the prevalence throughout of excessive atmospheric moisture. The disease has been known to make its appearance, also, during damp, open winters, as well as in cold damp summers.

During the last few months, Dr. C. had seen a number of cases. In most of these, the symptoms were comparatively slight, the membraniform deposit in the throat was of no great extent, and the course and termination of the disease were favorable. In other cases, however, the attack was of a much more formidable character, and in a few, of such malignancy as to preclude, from the very first, all hopes of a favorable issue, even under the best devised and most energetic treatment.

In his own practice, Dr. C. had lost but two cases: they both occurred in children under three years of age, and in both, death was preceded by all the symptoms of membranous croup. These cases did not commence in the same manner as croup, but after several days of sickness, the characteristic phenomena of the latter affection set in suddenly, from, evidently, a sudden extension of the pseudo-membranous deposit into the larynx, and by which extension, death from asphyxia was promptly induced.

Dr. C. could not agree with the lecturer of the evening, in his description of an ulcerative form of the disease, with actual destruction of the mucous and subjacent tissues of the throat. When the patches of membraniform deposit, of a dirty white, yellowish or greyish color, are few in number, and perfectly isolated, they present, in consequence of the dark color and swollen condition of the surrounding mucous membrane, an appearance as though they formed the bottoms of deep ulcers with elevated edges, but when the patches separate, it is found, that so far from ulceration having taken place, even the epithelium of the part they occupied, is not destroyed.

Gangrene, also, he believed to be of much more rare occurrence than is generally supposed. The fœtid odor and sanious discharge from the mouth and nostrils, which are observed in certain cases of the disease, are usually dependant, not upon a gangrenous condition of the fauces, etc., but upon a putrefactive change in the membraniform exudation. It is true, however, that in the more malignant forms of pseudo-membranous angina, and in certain epidemics of the disease more than in others, actual gangrene, with sloughing of the tissues of the throat, does certainly take place: still, however, in comparatively few cases.

As sequelæ of the disease, Dr. C. has met with abscesses of the tonsils, parotids, and other glands of the fauces and neck. He has also seen a long continued discharge from the nostrils of a thin fœtid sanies, by which considerable irritation was produced in such parts of the skin as it came in contact with. In a few instances, a dry, hacking, obstinate cough remained for a long time after the disease—in others again, the voice remained for weeks hoarse and deficient in strength; chronic diarrhœa was not an unfrequent sequel. Convalescence was, in the great majority of cases, slow and protracted.

Pseudo-membranous angina is a disease usually confined to the period of infancy, childhood or early youth. Older persons are by no means, however, exempt from its attack. During the last six weeks, Dr. C. had met with several cases of the disease in adults, chiefly females.

In these the pathognomonic symptoms were well marked, but contrary to what has been stated by some of the continental authorities, the disease was much milder, attended with less cough, hoarseness, and difficulty of respiration, and with much less depression of the vital powers, generally speaking, than he has usually found to be the case when it occurred during infancy and childhood—it was also more manageable—less fatal in its tendency, and followed by a more rapid convalescence.

The speaker expressed himself as entirely convinced of the non-contagious character of pseudo-membranous angina. In former years, when prescribing physician to a large poor district, under appointment of the General Board of Guardians of the Poor, he had ample opportunities afforded him for studying very fully this important question. He is very certain that in his investigation of the etiology and mode of propagation of the disease, not a single fact has developed itself which could lead even to a suspicion of its contagious character.

The discharges from the throat and nostrils, it is true, are often of so acrid a nature as to produce irritation and inflammation when they come in contact with the delicate skin of the patient's face and neck; but he has never met with an instance where the disease was produced in the well from contact with these discharges, or with any emanation from the bodies of the sick. The instances that have been related, in which it is said that pseudo-membranous angina was contracted from patients affected with it, are readily explained from the circumstance that the disease was prevailing at the time epidemically. Those who visited the places where it was rife were liable to be attacked; not, however, because of any specific contagion emanating from the bodies of the sick, but from their exposure to the same morbific cause, or malaria, from which the latter contracted the disease: rendered, often, in particular localities, more active in consequence of

the surrounding bad hygienic conditions, and the crowding together, perhaps, of several patients in damp, confined, dark, and ill-ventilated apartments.

Dr. C. was acquainted with no special plan for the treatment of pseudo-membranous angina. He has in this, as in all other diseases, always selected his remedies in accordance with the particular indications presented by each case. In some few instances he had been induced to resort to a moderate detraction of blood, in the very onset of the disease, in young, robust, and plethoric individuals, and where it was attended with very decided febrile reaction, and a hard, quick pulse. From this practice, he believes that he has derived the best effects. In other, and perhaps the majority of cases, he found a tonic and stimulating treatment to be called for. In these he gave the tincture of the muriate of iron, quinine, wine whey, and even pure wine, in doses adapted to the urgency of the symptoms demanding its use. Dr. C. has employed, and with the best results, the chlorate of soda, internally, and as a wash for the throat; he has also made use of the chlorinated mixture of Dr. Watson, as employed by that gentleman in scarlatina, a remedy which seemed to him to act beneficially. He had, however, derived, he was convinced, the greatest amount of benefit, and in the largest number of cases, from a prescription which is a favorite one with him in membranous croup. This consists of calomel, from one to four grains, according to the violence of the attack, and the age of the patient, of muriate of ammonia from two to five grains, of tartarized antimony, from the eighth to the fifth of a grain, and of extract of hyoscyamus from the third of a grain to a grain. To be commenced with early in the attack, and to be repeated every two, three or four hours, according to the violence of the case.

The local treatment should not be neglected. Dr. C had already referred to his experience with the chlorate of soda as a wash to the throat—he has also found the hydrochloric acid combined with honey a very excellent local application. In severe cases, where the pseudo membranous deposit is very extensive, and of considerable thickness, a strong solution of nitrate of silver applied to the throat by means of a sponge secured to the end of a whalebone, or by injection through a proper syringe, is the local application that is adapted to afford the most prompt and effectual relief. He was not in favor of a resort to the nitrate of silver in the milder cases of the disease. In this he was well aware that he was in direct opposition with some of the best authorities in the profession, still, he could not be persuaded into the common belief that the free application to the throat of caustic, and that repeatedly, for every trifling affection is altogether free from danger. He believed, that by the action of the caustic, he had seen produced so complete a change in the faucial mucous membrane as to become itself a permanent condition of disease attended with inconvenience if not suffering to the patient.

An effectual prophylaxis of pseudo-membranous angina, is not easily attained, especially when it occurs epidemically. Much, it is true, may be done by a prompt removal from damp, chilly, and otherwise unhealthy localities and dwellings, and when this cannot be accomplished, by free ventilation, the maintenance of a proper degree of warmth and dryness, in the persons and apartments, by means of proper clothing, fires, etc., by a proper diet, personal cleanliness, and all the ordinary hygienic measures adapted to guard the human organism from every form of disease.

Dr. COATES has not had much experience in this disease. He did not agree with the preceding speakers in their objection to the name. The French school say we want something, by which to recognize the disease. In one of three cases, which he had encountered, there was a sharp rattling observed before death, in a few points of the lungs. He was satisfied that this was more than ordinary, though, as there was no post mortem, he could give no account of the pathology. In none, were croupy symptoms present All died. One, by the fourth day, had the membrane projecting from the orifice of the nostril. The whole throat was filled with it, and the inability to swallow was marked. He was compelled, in order to give any chance for life, to force food on the patients.

The lecturer, in relating the history of the disease, had omitted any reference to the Spanish authors, who, in the seventeenth century described it at length. The change in the blood, is a dyscrasia, rather than a toxæmia. The strong tendency to death in the disease, is very apparent. In the cases of the speaker, each was free from the local disease, in three or four days from the inception. They went on for eight days, without any reproduction, yet continued to sink in spite of everything. Food, wine and quinia were freely administered. There was no visible cause of death. The local treatment in these cases, was the application of a solution of nitrate of silver, 20 grains to the ounce of water. This brought away the membranous deposit in patches. The mechanical means for this application, were important. He employed a thin catheter, passed through the nostril, round the basis of it, and injected the solution. The patient coughed, and brought up the exudation with mucous matter. He was much pleased with the results of this treatment, which he used much around the mouth.

He did not object to the term Diphtheria, as we want something which will express this condition anywhere, on any membrane. We have it on the

skin, blistered surfaces become diphtheritic. This is readily understood. He had dressed a large number of blisters, and cases of erysipelas. In ten out of twelve, a gelatinous mass is exuded, which forms a false membrane on the raw surface.

Is chlorine opposed to the formation of fibrine in the blood? If so, and the arguments are in favor of the employment of the chlorate of potassa, and the chlorinated tincture of iron, we may easily deduce a powerful reason for the use of *calomel*, which contains this gas in large quantities. It also promotes absorption, and opposes the formation of fibrine. He had freely employed the chlorate of potassa, and quinine, as his patients were much enfeebled. The dose of the former was five grains three times a day, and yet he saw no marked advantage, result from it. He was rather afraid of the calomel, on account of the debilitated state of the cases. There was no mortification observed by the speaker, in these cases, nor was there any sloughing or ulceration. He is under the impression that authors think mortification rare, and generally have observed ulceration, and putrefaction of the membrane itself, which caused the violent smell. In one instance, another child in the same house was also attacked, and died of the same disease.

Dr. Beesley regarded the matter as one of so much interest, that he felt it his duty to give his own experience. The first case he ever saw, was in 1828, in the country. There had been a cold wet spell in the fall, and four cases, the first he had ever recognized, occurred, in a farmer's family, two of which proved fatal; one with croupy symptoms, and in the others the disease passed up the nasal cavity, attended with profuse ichorous discharges, and the whole system was affected. The foot had been slightly burned in one instance, and it became gangrenous. The patient lost flesh, and sunk from the poison in the blood. In another case, which the Dr. expected to lose, from some symptoms, he used calomel freely, and the next day, the patient was relieved, and recovered. After this, he gave calomel to his other cases, and they recovered: a few other cases occurred the same season in his own practice, and that of two of his medical friends—treated also with calomel and saline laxatives occasionally, which ended favorably. Since then, every year, he has met with several cases, more or less severe, for which, he used mainly calomel, and occasionally some laxative, as salts. He had also employed the *tinctura ferri chloridi*, with quinia, with considerable satisfaction. He had never seen salivation from calomel in these cases. Locally, he had recourse to nitrate of silver twice a day, in the proportion of 20 grains to the ounce. After which he advised a gargle with sage tea and honey. He was fearful of infection, and hence, took care to prevent its spread by having free ventilation, and avoiding the exposure of others, especially children, to the liability of being attacked. He had known a child to die from this disease, and the mother took it in a light form.

Dr. Levick remarked, that while the name of the disease was of but secondary importance, he must yet confess his preference for the term *diphtheria*. Etymologically and by analogy, *diphtheritis* must mean an *inflammation of the hide* or membrane, (διφθερα, from διφω, to skin;) whereas, in reality, it is not that the hide or membrane is inflamed, but that the disease is one *characterized by the formation* of this membrane, (διφθερα.) As we give to scarlet fever and to yellow fever a name from one of their most obvious phenomena, so the term *diphtheria*, without defining the exact nature of the affection, places prominently before us its characteristic attendant.

An affection of the throat, accompanied with the production of false membrane, is, of course, no new disease. Doubtless it is with this as with many epidemic diseases, that a series of cases will come under the observation of one physician, differing entirely in their degree of severity from those observed by another, and thus it is that such conflicting statements are given us respecting diphtheria.

Of a few cases of sore throat, with false membrane, seen by the speaker this winter, there were no cases attended with malignant symptoms. The first case was that of a student of medicine, who occupied a small room, in common with three others, in an unpleasant part of the town. He had sore throat, with numerous large patches of membrane on the tonsils and half arches, slight swelling of the submaxillary glands, and excessively offensive breath. There was no heat of skin, and the pulse was but moderately excited. He was purged by syrup of rhubarb, and then placed on the use of the tincture of the chloride of iron and porter, and the throat touched with a saturated solution of nitrate of silver. He recovered in a week's time, but had a second attack, and did not regain his health entirely, until he had changed his place of residence.

Another case was that of an infant, fifteen months old. She had previously been a healthy child; but when first seen by Dr. L., there was swelling of the submaxillary glands on both sides, tenderness in the region of the parotid, with pain on swallowing and when gaping. The breathing was hurried, the nostrils much obstructed by a hardened secretion, which had irritated the upper lip and produced excoriation, and even ulceration. There were patches of false membrane on the half arches, but at no time of any great extent; but the breath was very offensive. A grain of calomel, followed by syrup

of rhubarb, was given as a purge, and the child put upon the use of brandy, chlorate of potassa, gr. j. four times daily, with small doses of compound tincture of bark. After a very serious illness, the child recovered. In this case, the only application to the throat was a saturated solution of chlorate of potassa, and the occasional use of borax and glycerine.

Another case was then under care—a young lady aged about 17. She had an attack of acute otitis, followed by swelling of the submaxillary glands and of the tonsils, with numerous patches of false membrane on the arches and tonsils. She was of delicate, rather strumous diathesis, and was treated accordingly. The throat was touched with a strong solution of the nitrate of silver, the tincture of bark and chlorate of potassa given, and the patient urged to take freely of essence of beef and egg nogg Under this treatment she is doing well. Dr. L. had seen no cases which did not seem to require an analeptic treatment. In these cases there was, however, nothing new—nothing, in fact, but what we see among us every winter. Were they cases of diphtheria?

Dr. Nebinger said he had seen this so-called diphtheria, not only within the last few months, but he had met with cases of it every year since he had been engaged in the practice of medicine, and he was confident that the periods when he had seen it prevail most, were when scarlet fever was with us, sowing broadcast its seeds of suffering and of death. He had always regarded it as the sore throat of scarlet fever, and had at all times when speaking of it so termed it. This, he the more freely and unhesitatingly did, because the disease in his practice had so frequently occurred (particularly when it existed in a severe form) in those who had been attendants upon, or those who had frequently come in contact with persons suffering from scarlet fever. Then the phenomena attending its introduction, the scarlet appearance of the fauces, the character of the exudation upon the tonsils, the enlargement of the cervical lymphatics, the character of the febrile disturbance, the prostration and the sequelæ of the disease, had, in their *tout ensemble*, impressed him with the conviction that this disease was scarlet fever without the rash; and he would say, that since the public mind and that of the profession has been so much exercised in observing, considering, and discussing this so-called diphtheria, he had given to it, as it presented itself to him, all the observation and reflection he was capable of exercising, and that the result of his closest examination and consideration of the disease had been the strengthening of his previously formed conviction, that diphtheria was a diseased condition of the system, produced by the scarlet fever poison, and that all the disease lacked to constitute it undoubted scarlet fever was the presence of the rash.

And here, said Dr. N., I beg the attention of the members, while I relate hurriedly the history of one or two of the many cases which had much to do in the formation of this opinion of the nature and cause of diptheria. But a short time ago, Dr. N. remarked, he was called to see a little boy who had been stricken down with scarlet fever. The disease was of the severe anginose variety. About the time when the disease was at its acme in the child, his father was attacked with a chill, which was followed by fever, headache, pains in the back and limbs, great prostration and soreness of throat. He was taken at night; and when seen by Dr. N. the following morning, he was suffering much from headache and pain in his back and lower extremities and sore throat. Upon examining the fauces, he found the tonsils swollen, inflamed, and small patches of lymph or false membrane upon them—the soft palate and part of the arch of the mouth were much affected, and had the peculiar dingy scarlet color, which is present in these parts, in those suffering from an attack of a grave form of scarlatina anginosa. Two days after, the little boy's father was struck down, his sister, aged about 16 years, was seized with symptoms like those of her father, with the difference that her angina was of a more aggravated form, the membranous deposits being thicker and covering more surface—her prostration greater than was the case with her father. These two patients were treated, Dr. N. said, as he treated his anginosed scarlet fever patients. Nitrate of silver, in substance, was freely applied to the tonsils, and Watson's chlorine mixture, combined with chlorate of potassa, was administered internally, and a chlorate of potassa gargle used. Both patients recovered.

About the same period, Dr. N. said, that he was treating the patients spoken of, he lost, in their neighborhood, a little boy with scarlet fever. In the instance of this little boy, the scarlet fever did not in its introduction threaten to be grave in its form. After the lapse, however, of a few days, it commenced to wear a more serious and malignant aspect, the tonsils became slightly coated with membranous deposits, the nostrils and external meati auditorius were closed with the same substance, which gave off a fœtid odor. The rash which was for two days not very abundant, became now diffused over the entire surface of the body, but instead of the bright scarlet hue which it had worn it became dingy and petechial. These grave symptoms continued without amendment, and the little sufferer's brain becoming involved, he died; the victim of malignant scarlet fever. In the house

where this little scarlet fever patient suffered and died, during his illness, his aunt and two sisters, two of these adults, the other about fourteen years old, were seized with sore throats; and a few days after the death of the little boy, his brother, aged eighteen years, was also attacked with the sore throat and all its accompaniments of fever, head ache, enlarged and painful cervical lymphatics, and much physical prostration. So severe was the angina, and so great the constitutional disturbance, that for several days his life was endangered. These were all treated as the cases previously spoken of were, and like them recovered. The lad's recovery was slow, his convalescence being much protracted. These are a few of the many similar cases, Dr. N. said, that he has seen at various periods during the prevalence of scarlet fever. They are just such cases as he was sure every member present had met with under similar circumstances, and these are the kind of cases, which from the localities where they were developed, and the phenomena they presented, being so close in their resemblance to scarlet fever that they had impressed him with the conviction that this so called diphtheria is a morbid condition of system, produced by the scarlet fever poison, and that it is, in very truth, scarlet fever without the rash.

Dr. N. spoke highly and warmly of the use of nitrate of silver in substance, in the form of sore throat under consideration. He used it cautiously, but freely and decidedly, and was positive that it exercised a powerfully controlling influence over the disease of the fauces in destroying the membranous deposits, and preventing their reproduction. He regarded nitrate of silver in substance the most important, the most curative of all the local remedies which have been suggested, or which are used for the cure of these membranous and ulcerative forms of angina. In conclusion, for the purpose of giving broader scope to the debate, he would enquire if the experience of the members would warrant them in regarding scarlet fever and the so called diphtheria as the same disease, differing only in variety, as, for example, scarlatina simplex differs from scarlatina maligna. The different phenomena in the two varieties, being not the result of two different poisons, but the result of the impressibility or susceptibility of different individuals; such impressibility or susceptibility growing out of and being controlled by some indefinable but fairly inferrable constitutional peculiarity.

On motion, the Society adjourned to meet on Wednesday evening, March 28th, to continue the discussion.

———o———

"My own success depended upon my zeal; but for this I take no credit, as it was given to me from above."—*Sir Astley Cooper.*

EDITORIAL DEPARTMENT.

Periscope.

The Evils Arising from Tight-Lacing, form the subject of an article of Dr. S. C. Young in the New Orleans *Medical and Surgical Journal* for May. The author considers the evils of tight-lacing as affecting—1. The osseous system. 2. The thoracic viscera. 3. The abdominal viscera. 4. The pelvic viscera.

1. The principal parts of the osseous system are the spinal column and the ribs. The former rarely becomes affected from this cause; when, however, it becomes so, the injury is of a serious nature—caries or necrosis. The ribs are more frequently injured, the most frequent result being the deformity called "chicken-breast." This means a turning inwards of the ribs from continued pressure from without, materially diminishing the space occupied by the lungs. The angle of the ribs is thereby made more acute, and they are rendered more liable to fracture.

2. Among the thoracic viscera, the *lungs* suffer most from this abominable fashion. They are not allowed to expand to their full capacity—the arterialization of the blood is interfered with: cold feet, cold hands, headaches, nervousness, debility, dulness and weakness of mind, are the result of a deficiency of oxygen in the blood. The lungs become predisposed to tubercular deposit by tight-lacing, and chronic enlargement of the air-cells, produce a state similar to what is called "heaves" in horses.

The heart, of course, suffers at the same time; it is over-taxed, becomes first irregular, and later, not unfrequently the seat of organic disease.

3. The liver, stomach, and intestines, suffer among the abdominal organs. The liver is crowded in an unnatural position and shape, its circulation obstructed, the glycogenic function interfered with, and thus the foundation is laid to many acute and chronic disorders.

The stomach suffers with the other organs in the general debility; it is prevented from developing itself normally, and its rotatary and peristaltic action is interfered with. The morbid and vitiated appetite of our fashionable tight-lacing ladies is frequently attributable to this cause. The pressure upon the intestines produces various evil results. It diminishes the peristaltic motion, obstructs the circulation, especially the portal; interferes with the

proper performance of the function of the absorbents, and, by diminishing the abdominal cavity, forces the intestines into the pelvis; in this way—

4. The bladder and the uterus are made to suffer. The capacity of the former is diminished, and either frequent micturition or retention of the urine may result, and predispose to the deposition of stone.

More harm is done by pressure on the uterus than on any other organ The whole catalogue of retro- and ante-versions, retro- and ante-flexions, prolapsus and procidentia uteri, find in tight-lacing a predisposing as well as an exciting cause. Abortions and miscarriages, with their long train of bodily and mental suffering, are produced by pressure upon the abdomen from this miserable practice.

We have perused the paper of Dr. Young with great pleasure, and fully agree with him when he remarks, that it is the imperative duty of the physician to teach woman "how much better it is to *live* unfashionably than to *die* fashionably."

Sugar in the Urine in Intermittent Fever.—In one of the last meetings of the Academie des Sciences of last year, Claude Bernard presented a note of M. Burdel de Vierzon, in which the latter states, that, according to observations made by him, every paroxysm of intermittent marsh-fever is followed by a secretion of sugar, the presence of which in the urine can be demonstrated by the usual tests. This secretion is always temporary; it does not continue during the interval, but appears regularly with the paroxysm. M. Burdel attributes it to nervous disturbances.

Case of Puerperal Convulsions Successfully Treated by Subcutaneous Injection of Morphia.—Medication by subcutaneous injection of various remedies, especially the salts of the alkaloids, begins to play quite a prominent rôle. Although we look upon the subject with some doubts of its ultimate success, and fear, that, as is usually the case with new modes of treatment, subcutaneous injection will be carried to the extreme, and for this very reason its true merits will not be put in the proper light; yet we cannot omit to record an observation coming from so high an authority as Prof. Scanzoni undoubtedly is. From one of the recent numbers of the *Bulletine de Thérapie*, the *Medical Times and Gazette* quotes a case of puerperal convulsions recorded by Scanzoni, occurring in a robust primipara, twenty-one years of age. When labor commenced, convulsions, with loss of consciousness, supervened. The entire body, and especially the extremities, were œdematous, the urine contained albumen, and presented to the microscope numerous fibrinous cylinders. Venesection, a bath, and cold irrigations to the head, were prescribed; later, a solution of meconate of morphia was subcutaneously injected three times, and from this time until the termination of labor, the convulsions (which, as a rule, it will be remembered, not only become more violent, but also more frequent, with the progress of labor) abated. There were but two paroxysms in the course of nine hours after the injections had been made; while before there had been three fits within less than two hours.

M. Depaul, in a report to the French Academy, has carefully investigated the origin of the vaccine virus. The questions he had to answer were: Is the cow-pox a disease which has been spontaneously developed in the cow? Or is it the result of an accidental inoculation made with the discharge from the legs of the horse? Or, again, will these two diseases, independently the one of the other, produce a liquid which, when inoculated in the human subject, will preserve him from the small-pox? M. Depaul finds that the first of these hypotheses is the only probable one.

Spectacles for Short-Sighted Soldiers.—A novel experiment, recommended by the Commander-in-Chief, has just been sanctioned by Government. Three infantry recruits, lately arrived from England, were at the usual Medical examination found to be short sighted, and in their present state useless as soldiers. The use of proper glasses, however, it was added, would make them instantly effective. The Director-General observed that if the Commander-in-Chief did not object to the incongruity of a soldier in the ranks wearing spectacles, there could be no other objection to their being supplied to such men as might require them. A large number of officers assist their sight in this way, and it is a well-known fact that many sportsmen wear glasses, some of whom are first-rate shots, and who could not see to shoot without them. Government has accordingly authorized the supply of suitable glasses to the men referred to, as an experimental measure, to be reported upon hereafter.—*Madras Times and Spect.*

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MAY 26, 1860.

CAUSES OF INSANITY.

For some time we have had lying upon our table, the reports of various hospitals and institutions for the insane.[1] We thought that the best way of noticing them, would be to analyze and to compile the statistics which they contain, in reference to the supposed causes of insanity; the varying nomenclature introduced in these reports, however, and the absence of a uniform system of classification, rendered this task anything but easy. Yet we have succeeded in collecting 2957 cases, which are arranged in the following tables, and shall serve as a text for a few editorial remarks:

I. Physical Causes.	*Male.*	*Female.*	*Tot.*
Ill health of various kinds, not specified,	321	343	664
Intemperance,	285	18	303
Puerperal state,	...	152	152
Hereditary predisposition,	85	57	142
Injuries of the head,	56	10	66
Epilepsy,	28	5	33
Convulsions, fits, spasms,	9	6	15
Change of Life,	...	15	15
Predisposition from previous attacks,	6	8	14
Severe illness,	9	5	14
Brain fever,	5	4	9
Menstrual irregularities	...	8	8
Fever,	5	4	9
Phthisis pulmonalis,	6	1	7
Lactation, too long continued,	...	7	7
Puerperal fever,	...	6	6
Nostalgia,	...	6	6
Paralysis,	1	3	4
Typhoid fever	2	2	4
Suppressed menstruation,	...	3	3
Measles,	2	...	2
Scarlet fever,	...	1	1
Dyspepsia,	1	1	2
Chorea,	1	...	1
Uterine hæmorrhage,	...	2	2
Suppressed lactation,	...	1	1
Syphilis and intemperance,	1	...	1
Excessive labor and heat,	16	9	25
Exposure to intense heat,	1	...	1
Exhaustion from intense heat,	...	1	1
Exposure to cold,	3	1	4
Exposure to heat and sunstroke,	35	2	37
Use of opium,	6	8	14
Use of tobacco,	6	...	6
Use of quack medicines,	2	1	3
Masturbation,	75	...	75
Tight lacing,	...	1	1
Use of snuff,	1	...	1
Loss of sleep,	7	2	9
Use of chloroform,	...	1	1
Poison oak,	1	...	1
Excessive dose of quinine,	1	...	1
	977	694	1671

II. Physico-Moral Causes.	*Male.*	*Female.*	*Tot.*
Loss of property,	118	31	149
Want of employment,	33	3	36
Intense application to business,	24	2	26
Financial embarassments,	22	1	23
Business perplexities,	16	2	18
Sedentary habits and want of exercise,	6	7	13
Vicious habits and indulgences,	9	5	14
Dread of poverty,	2	1	3
Stock Speculation,	2	...	2
Celibacy,	1	...	1
Anxiety for wealth,	1	...	1
	234	52	286

III. Intellectuo-Moral Causes.	*Male.*	*Female.*	*Tot.*
Grief, loss of friends, parents, children, husbands or wives,	55	159	214
Domestic difficulties and afflictions,	45	103	148
Mental anxiety,	106	105	211
Religious excitement,	99	92	191
Disappointed affections,	37	43	80
Intense study and mental application,	56	10	66
Fright,	15	25	40
Uncontrolled passion,	6	11	17
Political excitement,	9	...	9
Jealousy,	4	5	9
Mortified pride,	4	1	5
Popular errors,	1	1	2
Spirit rapping,	1	1	2
Avarice,	2	...	2
Metaphysical speculations,	1	...	1
Engagement in duel,	1	...	1
Immorality,	...	1	1
Personal difficulty,	1	...	1
	443	557	1000

Recapitulation.	*Male.*	*Female.*	*Tot*
I. Physical Causes,	977	694	1671
II. Physico-Moral Causes,	234	52	286
III. Intellectuo-Moral Causes,	443	557	1000
	1654	1303	2957

[1] *Report* of the Board of Managers of the Western Lunatic Asylum, of the State of Kentucky, for the years 1858 and 1859.—*Report* of the Pennsylvania Hospital for the Insane, for the year 1859.—Fourth Biennial Reports of the Tennessee Hospital for the Insane.—Twelfth Annual Report of the Inspectors of State Prisons, of the State of New York. Asylum for Insane Convicts, for 1859.—Forty-second Annual Report of the Superintendent of the McLean Asylum for the Insane, to the Trustees of the Massachusetts General Hospital, for 1859.—Announcement of Brigham Hall, Hospital for the Insane.—Seventeenth Annual Report of the Managers of the State Lunatic Asylum, New York, for 1859.—Report of the New Jersey State Lunatic Asylum.—Report of the New York City Lunatic Asylum, for 1859.

The first striking fact which we notice, is that of the supposed causes of insanity, in the 2,957 cases, 1671, or nearly 57 per cent. are those of *bodily* disease; and if we can trust the testimony of the most experienced observers, this class of supposed causes is the most reliable, in other words, there is more reality and less supposition in the *physical* causes of insanity, if we can trace them, than in those which, for the sake of convenience, we have arranged under the heads of *physico-moral* and *intellectuo-moral.* If there were no other reasons for abolishing that abominable name, "*Lunatic Asylum,*" and substituting for it that of "*Hospital for the Insane,*" this fact alone, apparent from our tables, would demand the change.

The opinion, based upon carefully collected observations and facts, not less than upon sound inductive reasoning, that insanity is not a disease of the immaterial mind, but of the body, is daily gaining more ground, and it is upon this basis, that the treatment of the insane has within the last forty years become revolutionized, and that the *insane patient* today is restored to health, where the *lunatic* of former times was mouldering in filth, misery, and under cruel treatment worse than was inflicted upon the criminal prisoner.

But while over one-half of all cases are directly traceable to physical disease, we find, on looking over the other two classes, that physical disease, in reality, should occupy a still more prominent place in the etiology of insanity. We have, under the second table, collected those supposed causes of insanity, which are partly physical, partly moral, and which arise from the "*struggle for existence.*" It will be admitted, for instance, "that loss of property," which contributes 149 cases, becomes a cause of insanity only in persons whose physical constitution is such that they cannot bear the shock of sudden misfortune. "Intense application to business." "want of exercise and sedentary habits," "vicious habits and indulgences," etc., are causes of insanity only so far as they deteriorate the physical constitution, predispose and finally lead to abnormal function of the brain.

While we are thus inclined to consider the whole of the second class of causes as properly belonging to those of the first class, we cannot but express our decided opinion, that the supposed causes of insanity, enumerated in Class III, with few exceptions, are no causes at all, but simply express the manifestation of the disease. Rather, however, than argue the somatic theory ourselves, we will quote the language in one of the Reports:[1]

> Not very many years ago the opinion was pretty generally held by physicians and others, that although insanity was in some cases clearly the result of a diseased brain, still it was not necessarily so, and that undoubtedly many cases occurred in which the brain remained thoroughly and perfectly healthy, and that the insanity was therefore a disease of the mind itself—of the "immaterial essence." This opinion is now generally abandoned by those at all conversant with the progress and terminations of insanity, but is still prevalent enough with the public, as is evinced by the daily recurring question of persons concerning some case in which they are specially interested, viz: "Do you think that the insanity depends upon some bodily disorder, or is it purely mental?"
>
> If it be true that insanity ever exists during a healthy state of the brain or independently of the physical state of the brain, in other words, if it be a disease of the *immaterial mind* instead of the *material brain*, then in the event of the death of an insane person, unless we suppose that there is some restorative agency in the *death* of an organ whose *health* did not prevent insanity, or unless we suppose a miracle is wrought at the instant of death, or unless we infer a change without a cause, we must admit that the mind in another state of existence is still insane, and if insane, of course unaccountable, and that, too, at a moment when called "to render an account for the deeds done in the body." Again, if the mind itself is susceptible of derangement independently of a morbid state of the brain or the body, this derangement is an unsound state—is disease and implies decay, and must of course be capable of increase even to the destruction of its subject, the mind, which is in its nature immortal and indestructible. So that in whatever light we place this theory, it becomes an utter absurdity. * * * * * *
>
> The brain is the organ of the mind, and through its action exhibits to us all that we know of the

[1] Report of Dr. John E. Tyler, Superintendent of the McLean Asylum for the Insane.

mind—of the intellect—the sentiments—the propensities. But the brain is a physical substance, and is strictly subject to physiological laws. It is most delicately organized, and exquisitely sensitive to any irregularity of the system. When in a healthy condition it governs a healthy body, and is properly cared for, all its manifestations are normal and consistent; but when it is overstimulated, overtasked, deprived of its required repose, or furnished with impoverished or poisoned blood, its action becomes irregular, it is diseased, and its possessor is to a greater or less extent deranged. The connection between the waste of a brain cell and the evolution of thought and feeling, is a mystery. We do not see the brain while it is acting, but we know many of the conditions and laws of both its healthy and diseased action, and this knowledge is being gradually increased by discoveries in physiology and pathology; and we patiently expect the time when we shall have as positive knowledge of its physical working as has been gained of many other organs. By surviving an unbelievable accident to his stomach, Alexis St. Martin has made public the mysteries of digestion; and through a remarkable malformation, M. Groux has revealed many of the hidden things of the physical heart; and perhaps some one may yet appear with such an abnormal cranial hatchway, as to allow us to witness and understand the normal action of a living, thinking brain.

There are many other interesting points in these reports, to which we may refer hereafter. Meanwhile, however, we would suggest to the Convention of Superintendents, soon to assemble, we believe in this city, to take in consideration the subject of, and adopt a *uniform system of statistical tables and nomenclature*, the necessity of which has been very apparent to us, while engaged in compiling the few statistics which we have laid before the reader.

———o———

Insanity in Paris.—It is stated by the French press that insanity is much on the increase in Paris. It is certain that recently a considerable number of eccentric and insane persons have publicly exhibited their peculiarities in such a manner as to call for restraint. This may be an accidental and temporary condition of affairs. Twice during the last few days, the police have arrested three persons who were openly committing acts of insanity in public places. On Saturday week, three insane persons successively applied for admission at the Tuilleries, seeking an audience of the Emperor Napoleon, on various pretences.

News and Miscellany.

DINNER TO DR. WOOD.—Every man has a reputation, good, bad, or indifferent, which, and particularly those of the quality last mentioned, may be strictly private property. But, a few individuals—a very few, compared with the mass—acquire a reputation the proprietorship of which passes from the individual, and is shared in joint-stock, as it were, by a community, a State, a Nation, or the world.

Among these is our townsman Dr. George B. Wood, whose reputation long since passed from his exclusive proprietorship, and is shared in part by this community and nation—a reputation of which we have reason to be proud. With this feeling, when it became known that Dr. Wood expected to go abroad this spring, to be gone two or three years, there was a general conviction that the profession of this city owed it to themselves and to the profession of the country, to show him some mark of respect. In doing this, they yielded to a prevalent custom, and proffered him a dinner, which came off at the Academy of Music on the 16th instant.

The occasion was one of great interest. A sumptuous dinner was provided by the Committee of Arrangements, of which Dr. La Roche was chairman, and about one hundred of the profession of this city partook of it, and united in the agreeable exercises which followed. These were introduced by Dr. La Roche, in the following remarks:

"At this stage of our proceedings it becomes my duty to call your attention to the object for which we have assembled. This object is to express to a professional brother who, on releasing himself from the labors of a career of usefulness he has long pursued, is about to leave us for a time, the feelings of profound respect and warm personal regard we entertain for him.

In fulfilling the task thus assigned to me, I shall not indulge in a survey of the claims which that gentleman possesses, in a professional point of view, to the high consideration of his medical brethren. Those claims are fully admitted and appreciated, not merely by the large concourse of his friends, at whose invitation he now sits at my side, and in whose name I most cordially greet him, but by every member of our calling scattered over the vast surface of this country. Where, indeed, shall we find an American physician, to whom the name, the professional standing, and scientific

attainments of Dr. Wood are not familiar? In what corner of these United States shall we discover a medical office unprovided with one or more of his valuable writings? Where can we point out a well educated and informed physician, ignorant of the fact that few men have more largely aided in elevating the character and sustaining the honor of our profession? Where can we encounter a practitioner who needs be told that the medical schools of this county have seldom if ever boasted of a more distinguished teacher?

In view of claims so well founded and so universally admitted, North, South, East and West, I cannot err when I say that Dr. Wood, in reference to them alone—in other words, were he to be regarded only on the score of the position he occupies in the medical hierarchy—would be entitled, especially under existing circumstances, to the strongest possible testimonial of esteem and admiration on the part of every member of the profession. But sufficient as they doubtless are to justify such a testimonial—whether here or elsewhere—they do not constitute the sole incentive to our present gathering. Far from this. Dr. Wood has a claim upon us distinct from and far more influential than those I have adverted to, but which, based as it is on the peculiar and close relationship which has long existed between us, can be felt in a minor degree only by our distant brethren; for while the generality of these can do little more than view him in the light of a distinguished practitioner, writer, and teacher of whom they have heard, whose works they have read, or whose lectures they may have attended, and can hence do him honor in that respect alone, the physicians of Philadelphia, who from constant and intimate intercourse with him, have in addition enjoyed the amplest opportunities for thoroughly knowing the individual man, and appreciating the many moral and other qualities by which he is characterized, and which have so far contributed to endear him to them, easily discover in these a substantial motive for enlarging the sphere of the testimonials of regard they feel themselves called upon to tender him.

Willing as we are, and must naturally ever be, to seize all fitting occasions to testify, in the way we have adopted, or in any other, to the high estimate we have formed of our guest in his professional capacity, I cannot entertain a doubt that I shall but echo your sentiments when, referring our present proceedings to a motive more consonant with the feelings which could not fail in the present case to be aroused in our breast, I say, that in inviting Dr. Wood, to meet us here this evening, our object has been not so much to confer upon him an honor he richly deserves, in view of the eminence he has attained, as to pay a well-merited compliment to a high-toned and accomplished gentleman, of whom his medical companions have so much cause to be proud; as also to enjoy once more, before his departure, the pleasure of spending a few social hours with one we have long held in the light of a personal friend. It is, I say, in this latter capacity—as a personal friend—not as a physician, writer, or teacher, that we cluster around him on the present occasion. It is as such also, that I welcome him in the name of all here assembled at this festive board, and assure him that in absenting himself from his native land to ramble amid scenes of interest in foreign regions, he will leave behind him a large circle of warmly-attached friends, who will follow him in thought wherever he goes, and hail his return home with feelings of unalloyed satisfaction.

In closing, I beg to propose the following sentiment:

'Our guest, Dr. GEORGE B. WOOD, the distinguished physician—the virtuous citizen—the model gentleman—the tried friend.'"

Dr. Wood responded, by a very becoming acknowledgment of the honor conferred upon him by the profession. He complimented the profession of Philadelphia on the peace and harmony which prevails in their ranks, and on their deservedly high standing as practitioners of medicine. This was to be accounted for partly by the fact that the celebrated schools of medicine here attract an intelligent class of young men from all parts of the country, who commence their career by teaching, and thus lay the foundation for an intelligent application of the principles of medical science to the treatment of disease—and may be said to be proved by the remarkably low rate of mortality for which this city is distinguished. He said that it had been reported that he was going to retire from the profession; but that is by no means the case, as he is only retiring from its *active* duties, while he always expects to take a lively interest in all that is interesting to the medical man. He cordially thanked the profession of Philadelphia for this flattering expression of their regard, and in conclusion offered the sentiment:—"*The Medical Profession of Philadelphia.*"

Dr. Littell offered the following sentiment: "DR. GEORGE B. WOOD—*The best wishes of his brethren accompany him in all his wanderings abroad—*

"I, pedes quo te rapiunt et auræ * * * * * * I, secundo omine."

Next a sentiment was offered, which called out Dr. Dickson, Professor of the Theory and Practice of Medicine in the Jefferson Medical College. He responded in a few well-timed and appropriate remarks, closing with the following sentiment:—"*The Medical Profession—abounding in men of honor always—may it always be ready to give honor where it belongs.*"

"*The Press*" was appropriately responded to by Dr. Gross, Professor of Surgery in the Jefferson Medical College, and senior editor of the *Medico-Chirurgical Review.*

"*The Board of Health,*" brought up Dr. Jewell, who made some remarks that were well received. Dr. Jewell then offered the following sentiment, which (with the difference of name) was given by Dr. Wood, many years ago, on occasion of a dinner to the late Dr. Physick:—"*Our distinguished guest,* DR. GEORGE B. WOOD—*long may the evening of his days shed a mild radiance on our city—long may he live to fill a place in the profession in which he can have no successor.*"

Dr. Carson, Professor of Materia Medica in the University of Pennsylvania, gave—"*Beech-Wood, United States Dispensatory,*"—which called up Dr Bache, Professor of Chemistry in the Jefferson Medical College, with a very appropriate response. After remembering Dr. Carson for his "miserable pun," Dr. Bache spoke of his long and agreeable association with the guest of the evening, and gave—"*The private teachers of Medicine in the city of Philadelphia, destined to become professors, and supplant the 'old fogies' in our medical institutions*"

"DR. HODGE—*our admiration for whose professional attainments is only surpassed by our respect for his moral worth,*" was responded to very happily by that gentleman.

"*The Medical Department of Pennsylvania College,*" was responded to by Dr. Henry Hartshorne, Professor of the Theory and Practice of Medicine in that institution.

In response to other sentiments, remarks were also made by Drs. Coates, Pepper, Biddle, Stillé, Rodman, and Nebinger.

Thus the evening passed very pleasantly away, all present seeming to enter with spirit into the festivities of the occasion; nothing transpiring to disturb in the least the harmony and good feeling that prevails among the members of the profession of this city, and which was so happily alluded to by Dr. Wood in his remarks. It was pleasant to see the profession thus honoring themselves, while they honored their distinguished guest.

Dr. Wood will sail for Europe on June 2d.

The Appreciation of Recent American Medical Works in Europe.—The merits of Dr. Hamilton's Treatise on Fractures and Dislocations are being appreciated in Europe, and the work is receiving exceedingly favorable notices from the journals.

Dalton's Physiology is, from its original character, attracting much attention.

Dr. Flint's recent work on Diseases of the Heart receives due credit, and Dr. Gross' System of Surgery is quoted from as the most comprehensive work on surgery in any lanlanguage, and as the great American surgical authority.

Small Pox is prevailing to a considerable extent in Newark, N. J. Scarlatina and measles, which were severely epidemic in that city during the early part of spring, are continuing to occur at the same time.

Mr. Syme's Opinion of Acu-pressure.—The following is from the report of the proceedings of the Royal Medical and Chirurgical Society, in the *London Medical Times and Gazette:*—

Mr. Syme said that acu-pressure was not in his opinion calculated to improve the Practice of Surgery. In the first place, he did not think the objections against the ligature were fully justified; in the second place, if the ligature were objectionable they had a better substitute for it in torsion than in the needle process; thirdly, he thought the needle process was hardly practicable, and in some cases not practicable at all. It had been said by the proposer of the method that the ligature would occasion gangrene. That simply showed that the individual who proposed it did not know the meaning of Surgical language. As to ligatures causing irritation, that assertion was not true. He had repeatedly tied the femoral, and left the wound to heal by first intention, there being only a few drops of matter, and in one case not a drop, showing that the ligature was not the cause of irritation. He had given up the practice of cutting away one thread, and always preserved both; and he regarded liga-

tures rather as useful assistants than as obstacles. After amputation, the great impediment to union by the first intention was the presence of blood, which coagulated, and led to the formation of abscess. The ligatures prevented this, made way for the discharge, and did good rather than harm. But if ligatures were sometimes objectionable, the process of torsion was a convenient substitute, the success of which he had repeatedly seen. As to acupressure it could very rarely be employed; and his only surprise was that any practical surgeon should have given it two thoughts. It was a tub thrown out to amuse the whale, more especially to feed the whale, and would never have been heard of had it not been brought under the notice of the profession by a Medical Journal published in London, understood to be under the control of the proposer.

The New Orleans Charity Hospital now contains about 800 patients. It is under charge of the sisters of charity, the best nurses in the world. It is a State institution. Any one (under the law) presenting himself at the gate, is entitled to admission. The State and the city contribute about forty thousand dollars each every year. The number of patients annually admitted is about 12,000.

The following attending and visiting physicians were recently appointed by the Board of Administrators: Surgeons—G. W. Dirmeyer, M. D.; S. Choppin, M. D.; J. F. Bell, M. D.—Physicians, A. J. Semmes, M. D.; G. W. Purnell, M. D.; E. J. Coxe, M. D.; C. Beard, M. D.; A. Pennington, M. D.; Howard Smith, M. D.; James Jones, M. D.; F. B. Gaudet, M. D.; Gus. Devron, M. D.; F. Formento, M. D.; J. A. Jones, M. D; J. S. Lewis, M. D.; George Scrathley, M. D; D. C. Holliday, M. D.

We would call the attention of our readers to the following section of the new penal code passed by the Legislature of this State, at its last session. We are glad to see any effort made to check the indiscriminate sale of poisons.

"No apothecary, druggist or other person, shall sell or dispose of by retail any morphia, strychnia, arsenic, prussic acid or corrosive sublimate, except upon the prescription of a physician, or on the personal application of some respectable inhabitant, of full age, of the town or place in which such sale shall be made. In all cases of such sale, the word *poison* shall be carefully and legibly marked or placed upon the label, package, bottle or other vessel or thing in which such poison is contained; and when sold or disposed of otherwise than under the prescription of a physician, the apothecary, druggist, or other person selling or disposing of the same, shall note in a register kept for that purpose, the name and residence of the person to whom such sale was made, the quantity sold, and the date of such sale. Any person offending herein shall be guilty of a misdemeanor, and on conviction be sentenced to pay a fine not exceeding fifty dollars."

Our Confrères of the Japanese Ambassy.—An interesting interview occurred, a few days since, between Dr. Hills, Superintendant of the Columbus (O.) Lunatic Asylum, and the physicians to the Japanese Embassy. The following colloquy took place:

Dr. Hill—How many insane persons have you in Japan? Very few.

Have you separate hospitals for them? We have four hospitals in Jeddo for the sick, with separate wards for the insane.

Do you use force or violence in their management? We do not, but have strong rooms and guards.

Do you ever bleed insane patients? Never.

Are idiots and lunatics kept in the same hospitals? They are, but in different wards; we have but few—not more than twenty in all; there may be some in private hospitals.

How many sick do you average in your hospitals? From five to eight hundred, but all poor.

Here the Japanese doctors became interrogators; and inquired:

Have you many insane?

Dr. Hill—We have three hundred in my hospital.

How many of these are insane? All.

This reply astonished the inquisitors, who raised their hands, and looked at each other.

What medicines do you use? Wines, quinine and other stimulants.

Have you hospitals for dumb and blind? Yes, but separate.

Have you medicinal gardens? None of importance.

The Japanese here remarked that they would like to get the seed of our plants of every description for the imperial gardens of Jeddo, and they were informed these would be furnished them by the National Agricultu-

ral Society. They were also told that they would have an opportunity to inspect the Asylum for the Insane before leaving Washington, which appeared to gratify them very much.

Soldiers' Children —Five ships, we are informed by the *United Service Journal*, of the most approved transport quality, and the property of the most favored government contractors, started from the English shores, full laden with helpless women and children, anxiously looking forward to a joyous meeting with their natural protectors at the end of a prosperous voyage. They were going at the public expense, and it was the wish of the public that every care should be taken both of their comfort and safety. Important officials, high, responsible, and well-paid, were to select the ships, to see that the stores were of the best quality, and the berths and bedding comfortable and well ventilated; and so well did they perform their duty that, we learn, out of these five human cargoes, no less than 270 children have perished on the voyage, and been thrown overboard. Probably since the days of King Herod so extensive a "Massacre of the Innocents" has never been heard of in history.—*Med. Times and Gazette.*

Army and Navy Intelligence.—By special orders from Head Quarters of the Army, at San Antonio, Texas, Surgeon E. H. Abadie, of the medical staff, having been assigned to duty as medical director of that Department, by a special order from the War Department, was reported accordingly, and will relieve Surgeon Jarvis, in the duties of medical purveyor and director.

Dr. T. E Semple, Assistant Surgeon in the U. S. Navy, has resigned his commission.

Immunity from Consumption at Dingle, Ireland.—A pamphlet has been published in Dublin on the "extremely rare occurrence of consumption in Dingle, and its neighborhood." The author, Dr. Blennerhassett, only met with 85 cases out of 163,411 patients who came to him at the dispensary at that place during fourteen years.

The Dangers of Tattooing the skin has induced the French naval authorities to advise its discontinuance among the sailors. Loss of limbs, and even life, have resulted from the practice.

Dr. Letheby, of London sanitary reputation, condemns the scheme which has been adopted of deodorizing the river Thames with perchloride of iron.

Yellow Fever is prevailing to a great extent at Rio de Janeiro, Pernambuco, and Bahia.

Retzius, the eminent anatomist, died in Stockholm, on the 18th of last month, in the sixty-fourth year of his age.

The Systematic Training of Nurses, under the auspices of Florence Nightingale, is to be commenced in the St. Thomas' Hospital, London.

Answers to Correspondents.

Dr. J. A. M.—The London *Lancet*, although republished as a monthly in the United States, appears, in its original London form, as a weekly. The weekly medical Journals in Europe have assumed a great deal of influence and importance, and have superseded the monthlies, which in some countries have become almost entirely extinct. The tendency of medical journalism is towards Quarterly Reviews, Retrospects, and Weeklies. Medical literature is subject to the same influences as general literature, and none, conversant with the progress of the latter, can deny the fact, that daily papers are gradually superseding weeklies, and the latter monthlies. Conciseness and quickness are to-day the chief requirements of medical periodical literature.

COMMUNICATIONS RECEIVED.—*District of Columbia*, Dr. G. Tyler, (with encl.)—*Georgia*, Dr. J. Emmett Blackshear—*Illinois*, Dr. C. Goodbrake, (with encl.)—*Indiana*, Dr. W. Dickey, (with encl.,) Dr. B. S. Woodworth, (with encl.)—*Kentucky*—Dr. Preston Ramsey, (with encl.,) Dr. G. W. Ronald, (with encl.,) Dr. G. Cowan, Dr. James G. Hatchitt, (with encl.)—*Louisiana*, New Orleans Med. News and Hosp. Gaz.—*Maryland*, Dr. J. K. Berkebile, (with encl.)—*Massachusetts*, Dr. Alfred C. Garratt—*Missouri*, Dr. Cary N. Hawes, (with encl.)—*New Jersey*, Dr. Wm. Taylor, (with enck.,) Dr. J. A. Nichols, (with encl.,) Dr. Lloyd Wilbur, Dr. E. P. Nichols, Dr. Stephen Wickes, (with encl.)—*New York*, Messrs. A. B. & D. Sands, Dr. S. H. P. Lee, Dr. H. Townsend, [with encl.,] Dr. Wm. C. Anderson, [with encl.] Dr. G. W. Cook, Dr. R. E Van Gieson, Dr. James Hoffman, [with encl.,] Dr. Samuel Jackson, [with encl.,]—*North Carolina*, Drs. Hicks & Herndon, [with encl.]—*Ohio*, Dr. W. K. Hughes, [with encl.] Dr. W. C. Drury, [with encl.]—*Pennsylvania*, Dr. D. W. Hoover, (with encl.,) Dr. F. W. Vandersloot, Dr. S. C. McCormick, (with encl.,) Dr. W. W. Rutherford, (with encl.,) Dr. J. A. Wolff, (with encl.) Dr. IsaacRiley Bucher, Dr. D. D. Taylor, [with encl.,] Dr. C. H. Hunter, [with encl.,] Dr. Washington Burge, Dr. Henry Carpenter, [with encl.,] Dr. Erastus R. Scholl, Dr. R. V. Wilson, for Dr. G. F. Hoop, [with encl.,] Dr. D. D. Detweiler, [with encl.,] Dr. O. D. Palmer, Drs. J. A. & G. K. Thomson, [with encl.]—*Tennessee*, Dr. Howell D. Harris.

Office Payments—Dr. A. M. Sigmund; Dr. W. Williamson; Dr. Knickerbocker; Dr. W. J. Purnell; Dr. Bond; Dr. E. Hopkins; Dr. Rogers J. Levering; Mr. Ch. H. Needle, (adv.) Messrs. Bullock & Crenshaw, (adv.)

MARRIAGES.

HUNTINGDON—ALLEN—In this city, on Wednesday, May 9th, at St. Matthew's Church, by the Rev. G. Emlen Hare, D. D., David L. Huntingdon, M. D., to Annie M., daughter of William H. Allen, President of Girard College.

LEE—MILLS—In New York, on Monday, May 14th, at Trinity Chapel, by Rev. Dr. Higbee, J. C. Lee, M. D., of London, C. W., to Maria Mills, of New York.

MENSCH—HILLEGASS—At Pennsburgh, on Thursday, May 10, by Rev. D. Weiser, Dr. James G. Mensch, of Sellersville, Bucks county, to Elizabeth Matilda Hillegass, of Upper Hanover, Montgomery county, Pa.

STOCKWELL—STRANGE—At Bowling Green, Ky., May 8th, by Rev. A. C. Dickerson, Dr. W. Hamilton Stockwell to Miss Mary, only daughter of Colonel N. S. Strange, of Warren county, Ky.

DEATHS.

GEBHARD—On the 17th instant, Louisa, daughter of Dr. L. P. Gebhard.

DENTAL INSTRUMENTS—TEETH.

JOHN KLINE,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, FINDINGS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 188

ARTIFICIAL EYES.

PERSONS wanting ARTIFICIAL EYES can have them made to order, and inserted, without pain, by DR. OSMUN, Oculist, 1619 Chesnut street, Philadelphia. 188

J. JACOB TEUFEL,

MANUFACTURER OF

SURGICAL AND DENTAL

INSTRUMENTS AND TRUSSES.

103 South Eighth St., 3d door below Chestnut,

PHILADELPHIA.

☞ *A large assortment always on hand.* ☜ 186

WANTED.

SEVERAL PERSONS TO TRAVEL AS **AGENTS** TO OBtain subscribers for this Journal. Students or young graduates would find this pleasent and profitable employment, as we allow a liberal percentage for new subscribers, and the exceedingly practical and popular form and low price of the REPORTER, will induce most physicians to subscribe to it if called upon.

None need apply without good recommendations. Address the Editors

Anatomical, Pathological, and Microscopical Preparations.

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS intrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood-cut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILLUSTRAION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION intrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS, M. D.
768 Florida street, Philadelphia

REFERENCES.

JOSEPH PANCOAST, M. D., Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.

D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.

ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.

J. DA COSTA, M. D., Physician to the Episcopal Hospital.

F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital.

Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN,** No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved

RADICAL CURE and other TRUSSES,

FEMALE SUPPORTERS,

SHOULDER BRACES,

ELASTIC STOCKINGS,

SPINAL APPARATUS

For weak and curved spines, and

INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

PHILADELPHIA HOSPITAL.

MANY IMPORTANT WORKS ARE MISSING FROM THE Medical Library of this Hospital. Persons having volumes out, will please return them, or any one capable of giving information regarding missing volumes, will oblige by communicating with the undersigned.

S. W. BUTLER, M. D., Librarian.

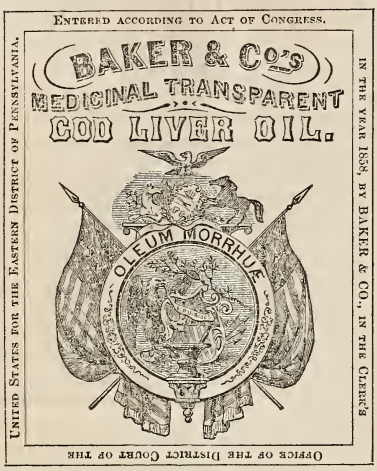
April 28, 1860.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICIN Chests. MEDICAL SADDLE-BAGS and Medical Pocke Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

The most Reliable, Efficacious, and Scientific Remedy for

CONSUMPTION, SCROFULA, DEBILITY, &c.


ENTERED ACCORDING TO ACT OF CONGRESS.
IN THE YEAR 1858, BY BAKER & CO., IN THE CLERK'S
UNITED STATES FOR THE EASTERN DISTRICT OF PENNSYLVANIA.
BAKER & Co's
MEDICINAL TRANSPARENT
COD LIVER OIL.
OLEUM MORRHUÆ
OFFICE OF THE DISTRICT COURT OF THE

which, from its long established and well-tested reputation for purity freshness, uniformity of character, and superiority of its mode of preparation, from the most eminent of the medical profession throughout the country, the distinguished faculty of the oldest and best medical colleges, the University of Pennsylvania, and thousands of invalids—claims the patronage and confidence of all who desire the advantages of a superior and genuine article.

As the value of this remedy depends solely on its genuineness, invalids should be careful to take only that of undoubted reputation, as its qualification cannot be ascertained by observation.

For testimonials, see the pamphlets accompanying each bottle, and be sure to procure only "J. C. BAKER & CO.'S PHILADELPHIA COD LIVER OIL," which is to be had of all apothecaries, and from the proprietors.

BAKER & CO.,
175 154 North Third Street.

TRUSS

AND

BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES, (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

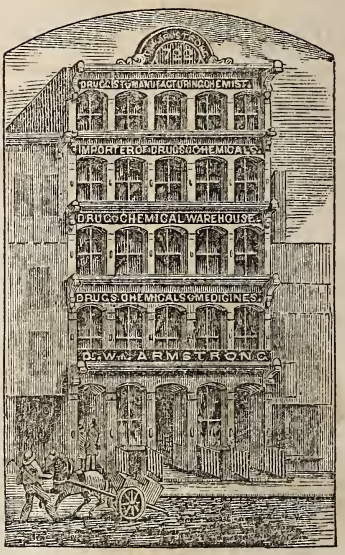
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with the above, with flattering results. 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.


DRUGS CHEMICALS & PATENT MEDICINES
IMPORTER OF DRUGS & CHEMICALS
DRUG & CHEMICAL WAREHOUSE
DRUGS CHEMICALS & MEDICINES
D. W. & ARMSTRONG

Also a General Assortment of Concentrated Medicines, from the Laboratories of MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut.	2 to 5	1 50
Almuin	Res. Rd. Neut.	2 to 10	75
Apocynin	Rd. Res. Neut.	½ to 3	2 00
Asclepin	Rd. Neut.	1 to 5	1 50
Baptisin	Res. Neut	1 to 8	1 00
Barosmin	Res. Neut.	1 to 3	2 00
Caulophylin	Rd. Neut.	2 to 5	75
Cerascin	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut.	2 to 5	1 25
Chimaphilin	Res. Rd. Neut.	2 to 5	1 00
Collinsonin	Res. Neut.	2 to 5	2 00
Colocynthin	Rd.	½ to 2	2 00
Cornin	Rd. Neut.	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut.	1 to 3	3 00
Cypripedin	Rd. Neut.	2 to 4	1 00
Digitalin	Rd. Alk. two Neut.	⅛ to ½	1 50
Dioscorein	Res. Neut. M. R.	2 to 5	1 50
Enonymin	Rd. Alk. Neut.	1 to 4	2 00
Enphorbin	Rd. Neut.	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk.	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk.	2 to 5	1 50
Fraserin	Res. Neut. and M. R.	2 to 10	1 00
Gelsemin	Rd. Alk. Neut.	¼ to 1	2 00
Geranin	Rd. Tannin.	2 to 5	60
Gossypiin	Rd. Neut.	3 to 8	2 00
Hamamelin	Res. Neut.	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut.	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut	¼ to ½	2 50
Irisin	Res. Rd. Alk. Neut.	1 to 3	1 00
Jalapin	Res.	2 to 5	1 50
Juglandin	Rd. Neut.	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut.	2 to 5	60
Lupulin	Res. Rd. Neut.	1 to 4	75
Lycopin	Rd. Neut.	1 to 4	1 00
Macrotin	Rd. Alk. Neut.	½ to 2	60
Menispermin	Rd. Alk. Neut.	1 to 5	1 00
Myricin	Rd. and Tannin.	2 to 5	60
Phytolacin	Rd. Neut.	½ to 3	1 00
Podophyllin	Rd. Alk. Neut.	½ to 3	60
Populin	Rd. Neut.	2 to 5	50
Prunin	Rd. Neut. Amyg.	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to and sent to all parts of the United States, by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Philada.

J. M. MIGEOD,

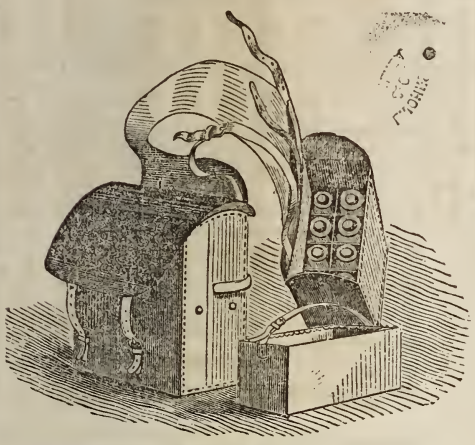
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50
No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50
No. 3, containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " 9 50
No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottle
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" 4 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116. t. f. B. FRANK. PALMER

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

ELECTRO-MAGNETIC

AND

MAGNETO-ELECTRIC MACHINES

AND TELEGRAPH REGISTERS

Receiving Magnets, Keys and Zincs,

MANUFACTURED AND FOR SALE BY

W. C. & J. NEFF,

No. 3½ SOUTH SEVENTH STREET,

PHILADELPHIA.

HUSBAND'S

ISINGLASS ADHESIVE PLASTER.

THIS PLASTER has been found to be admirably adapted to strapping after surgical operations, and as a dressing to either incised or lacerated wounds. It is cleanly, of easy application, adheres firmly *without producing inflammation*, and being semi-transparent, allows of an examination of the parts without their having to be disturbed by its removal, until, in many instances, the cure is effected. This Plaster is not affected by age, and will bear exposure to any climate.

Professor MUTTER, in his late edition of Professor Liston's Lectures on Surgery, &c., remarks that "the Isinglass Plaster, referred to by Mr. Liston, is exceedingly well made by Mr. Husband, of this city; and for some time past I have almost abandoned the use of the old adhesive plaster of the shops, which often, in persons of a delicate skin, or children, produces troublesome irritation."

For sale by the Druggists, and by

T. J. HUSBAND,

173 N. W. Cor. Third and Spruce sts., Philada.

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P.	$0 37½
Aloes et Assafœt: U. S. P.	37½
Aloes et Ferri	37½
Pulv: Aloes, Socot: ½ gr.	
" Zingib: Jam: 1 gr.	
Ferri Sulph: Exsic: 1 gr.	
Ext: Conii ½ gr.	
Aloes et Mastich: (See Pil: Stomachicæ)	37½
Aloes et Myrrhæ, U. S. P.	37½
Anderson's Scots:	37½
Pulv: Aloes Socot:	
" Sapon: Hispan:	
" Fruct: Colocynth:	
" Gambogiæ	
Oleum Anisi	
Anti-bilious (Vegetable)	37½
Pulv: Ext: Coloc: C: 2½ grs.	
Podophyllin ¼ gr.	
Assafœtidæ, U. S. P.	37½
Bismuth: Subnit: 3 grs.	37½
" Subcarb 3 grs.	37½
Calomel: 3 grs.	37½
" Comp: (Plummer's) 3 grs.	37½
Calomel	
Oxysulph Antimony	
Guaiacum Resin	
Calomel et Opii	37½
Calomel 2 grs.	
Opium 1 gr.	
Cathart: Comp: U. S. P.	37½
Cinchon: Sulph: 1½ grs.	50
Cook's, 3 grs.	37½
Pulv: Aloes Soc: 1 gr.	
" Rhei 1 gr.	
Calomel ½ gr.	
Sapo Hispan: ½ gr.	
Colocynthidis Comp: 3 grs.	37½
Ext: Coloc: Comp: U. S. P.	
Copaibæ, U. S. P. 3 grs.	37½
Copaibæ et Ext: Cubebæ	37½
Pil: Copaibæ, 3 grs,	
Ext: Cubebæ 1 gr.	
Copaibæ Comp:	37½
Pil: Copaib:	
Resin Guaiac:	
Ferri Cit:	
Ext: Cubeb:	
Fel Bovinum,	50
Inspisated Oxgall 2 gr.	
Powd: Jamaica Ginger, 1 gr.	
Ferri (Quevenne's) 1 gr.	37½
Ferri Carb: (Vallett's) U. S. P. 3 grs.	37½
Ferri Citrat: 2 grs.	37½
Ferri Comp: U. S. P.	37½
Ferri Iodid: 1 gr.	50
Ferri Lactat: 1 gr.	37½
Ferri et Strychniæ	62½
Strychniæ 1-60 gr.	
Ferrum per Hydrogen (Quevenne's) 2 gr.	

PIL: Ferri Valer: 1 gr.	75
Ferri et Quin: Cit: 1 gr.	50
Ferri et Strychniæ Cit: 1 gr.	37½
Strychnia Cit: 1-50 gr.	
Ferri Cit: 1 gr	
Galbani Comp: U. S. P.	37½
Hooper (Female Pills)	37½
Hyd-argyri, U. S. P. 3 grs.	37½
Ipecac et Opii, 3½ grs.	37½
Pulv: Doveri, U. S. P.	
Opiii, U. S. P. 1 gr.	37½
Opii et Camphoræ	50
Pulv: Opii, 1 gr.	
Camphoræ, 2 grs.	
Opii et Plumbi Acet:	37½
Pulv: Opii, ½ gr.	
Plumbi Acct: 1½ grs.	
Quiniæ Sulph: 1 gr.	62½
Quiniæ Sulph: 2 grs.	1 00
Quiniæ Comp:	75
Quin: Sulph: 1 gr.	
Ferrum per Hydrogen (Quevenne's) 1 gr.	
Acid Arsenious 1-60 gr.	
Quiniæ et Ext: Belladon:	62½
Quiniæ Sulph: 1 gr.	
Ext: Belladon: ½ gr.	
Rhei, U. S. P.	37½
Rhei Comp: U. S. P.	37½
Scillæ Comp: U. S. P.	37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr.	37½
Pulv: Aloe Scott:	
Gum: Mastich:	
Flor: Rosæ	
Zinci Valerian: 1 gr.	75
GRANULES, Acid: Arsenious, 1-20 gr.	25
" " 1-50 gr.	25
Aconitia, 1-60 gr.	50
Atropia, 1-60 gr.	50
Corrosive Sublimate, 1-12 gr.	25
Digitalin, 1-60 gr.	50
Elaterium (Clutterbuck's) 1-10 gr.	38
Extract Belladonna, Eng: ¼ gr.	25
" Cannabis Indica, ¼ gr.	37½
" Hyoscyamus, Eng: ½ gr.	25
" Nux Vomica, ½ gr.	37½
Mercury Iodide, ¼ gr.	25
" Red, 1-16 gr.	25
Morphia Sulphate, 1-10 gr.	37½
" " 1-6 gr.	50
" Valerianate, ⅛ gr.	62½
Quinia Valerianate, ½ gr.	1 00
Silver Nitrate, ¼ gr.	37½
Strychnia, 1-20 gr.	37½
" 1-40 gr.	37½
Veratia Sulphate, 1-12 gr.	37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of emicals and Chemical Apparatus, for distribution. 180, 1y

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 189. } PHILADELPHIA, JUNE 2, 1860. { NEW SERIES VOL. IV. NO. 9.

ORIGINAL DEPARTMENT.

Communications.

ANATOMY
IN ITS RELATIONS TO
MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 28.

INTRA-ORBITAL REGION—(*continued*).—If an incision be carried with caution through the sclerotic, a few lines behind the cornea, the nozzle of a blow pipe inserted beneath and a little air forced in, it will be sufficiently separated from the choroid beneath, to admit the blunt pointed blade of a pair of scissors between, and while the organ is steadied by a pair of forceps grasping one side of the incised membrane, by successive snips, it may be divided around the entire circumference. Each half should next be slit up at right angles with the first incision, and being seized with forceps may be torn from the choroid, touching such points as adhere too firm, with the edge of a scalpel. This dissection should be conducted in, or under water. This accomplished, the second, or choroid coat of the eye will be exposed, presenting a very dark brown appearance, and upon it many straight vessels and nerves "*ciliary*," also some delicate connective tissue. One vessel, the long ciliary artery is situated a little below the middle of the eye, and extends forward to the ciliary ligament, dividing them into two branches, which run along the upper and lower semi-circumference of the ligament, to inosculate with corresponding trunks of the other artery.

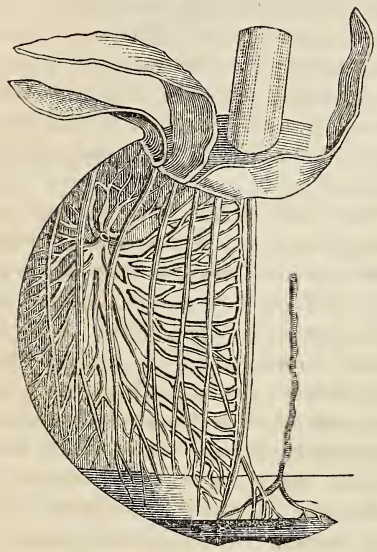
The choroid is a vasculo-pigmentary membrane, perforated behind by the optic nerve, and in front connected with the iris. The vascular elements consist of membraniform expansions of arteries and veins. The stratum in which the veins predominate is called the "*membrana vorticosa*," in consequence of these trunks being arranged in whirls or vortices, which end in central sinuses. (see Fig.) These trunks, which conduct the blood from these veins, escape through the sclerotic, and end in the opthalmic. The layer in which the arteries are in the ascendant, is the *membrana Ruyschiana*, and the arteries are from the short ciliary trunks. The pigmentary layer consists of cells containing pigment granules. On this depends the color of the membrane. No nerves can be said to belong properly to the choroid, though they pass over its surface. The anterior part of the choroid, by a separation of its constituents, part passing to the ciliary ligament, and a part folded back upon itself, leaves a notch or groove between, into which is inserted the iris. This inner layer is shaped into a series of plaited processes, "the *ciliary processes.*"

Ciliary Ligament.—This ligament is composed of fibrous tissue, and connects the sclerotic, corneal and choroid tunics together. The white line, *annulus albidus*, visible around the posterior limit of the cornea, marks the situation of this ligament. The ciliary processes are opposite to it, and have the same direction. The ciliary muscle, consisting of smooth muscular fibres, extends between this ligament and the processes.

Fig. 27, is a section of the eye in which the

sclerotic has been cut away, except a few flaps seen reverted. The whirl-like arrangement of the veins is displayed, and then again are seen to end in the ciliary vein. A short distance below, runs forward the long ciliary artery, and, crossing the veins, some of the ciliary nerves.

Fig. 27.



Iris.—This is a muscular diaphragm suspended in the eye, with a perforation in the centre—"the *pupil*,"—for the admission of light, and which is not exactly in the centre. It is let into the groove between the ciliary processes and ligament, so that the ciliary ligament, processes, and iris, are on a line with each other. Its muscular fibres are arranged circulary and radiatory: the first constituting a rim for the pupil, the latter extending in straight lines to every part of the circumference, so that its surface presents a well marked fibrous appearance. It possesses also, fibres of connective tissue, disposed like the muscular. The vessels which supply the iris, proceed from four sources: *First*, many branches from the *short ciliares* belonging to the choroid, and which thus establishes a direct vascular connexion between the two membranes: *Second*, from the *long ciliares: Third*, from the *anterior ciliares* which pass to the iris, after breaking up into small trunks upon the ciliary ligament; and *Fourth*, vessels which come from conjunctiva piercing the anterior part of the sclerotic. The course of these vessels is in tolerable straight lines with free lateral communications ending at the pupillary margin. The nerves have an analagous distribution and come from the ciliares. In the fœtal eye, antecedent to the eight month, the pupil is occupied by blood vessels and connective tissue forming a membrane, the "*membrana pupilaris.*" In addition to the elements already enumerated, the iris possesses a layer of pigment on both its posterior and anterior surface.

Retina.—This is the third and innermost coat of the eye; it is continued forward from the optic nerve almost to the ciliary processes terminating by an undulating border, the "*ora serrata*," from which it is attached to the lens by a vascular extension, the "*Zone of Zinnii.*" It is very soft in its texture, and of a gray color, with a faint shade of pink. This membrane is the nervous coat, and exceedingly complex in both its elements and their arrangement. Its most superficial portion consists of bodies like rods and cones, beneath which exists a stratum of different shaped granules, and still deeper another which is more directly to be considered as the extension of the optic nerve, minus its neurilema. The retina is supplied with blood vessels from the *arteria centralis retinæ*, which enters the eye through the optic nerve, and then divides on its under surface into small branches, which end in a vessel at the ora serrata.

Practical Remarks.—Though the ciliary nerves are placed between the choroid and sclerotic, yet it is doubtful whether they suffer as much from distension of the ball as some authors allege. The grooves on the inner surface of the sclerotic protect them from such pressure. The long ciliary arteries which run between the sclerotic and choroid on the inner and outer sides of the ball, being not exactly in the middle line, will teach us that when a needle is to be passed into the ball, that line should be selected. The choroid being made up in a great measure of blood

vessels, it may necessarily be considered peculiarly liable to inflammatory attacks, and as these vessels communicate freely with the iris, the extension of disease from one to the other is rendered very probable. The choroid resting on the retina, any inflammatory products, will press upon the latter, producing indistinctness of vision, or if on particular points, may develope spots before the eyes, as they are described ,something similar to the *muscae volitantes*, yet differing in the circumstance, that the former are fixed, save when the eye is moved. The veins of the choroid may become varicose at different points, and bring about the same condition. The opthalmoscope, by revealing the deep-seated structures of the eye, which otherwise are without our range of observation, has added immensely to the fund of positive occular pathology.

Long-continued use of the eye, like that of any other organ, determines an extraordinary supply of blood. The tax upon the resisting quality of the walls of the vessels, especially of the veins, and perhaps from causes operating upon the nerves also, the vascular walls yield, becoming distended or congested. Such a change, of course, cannot occur without pressure against the retina beneath, and hence may be explained that diminution in vision, which certain persons are known to complain of, after steadily and protractedly directing the eye to one object, or class of objects.

The pigment of the choroid, which is designed to absorb the circumferential rays of light, is sometimes absent, as in albinoes; hence the defect of their vision in a strong light. It should be remembered that the distinctness with which the choroidal vessels will be seen by the opthalmoscopist will depend upon the amount of pigment existing in the tunic. The less in quantity, the more complete and large they appear. Within the annulus albidus, or sclerotico-corneal union is seen, in certain individuals, a white or yellowish ring, the "*arcus senilis*," a true fatty degeneration, the oil-drops collecting in the deeper layers of the cornea. Occasionally little processes of a like nature run down from the arc, like short radii. Here the fat-drops have probably found their way between the elastic and proper corneal layers, where the former runs down in little pillars upon the iris, described in a former communication. This condition is regarded as significant of a more extended pathology, such as a similar alteration in the heart, bloodvessels of the orbit, etc. It is not at all peculiar to the aged, as the name would imply, being seen at all ages, from sixteen upwards. The ciliary ligament being opposite the sclerotico-corneal line, and also the ciliary processes, both of which contain many vessels, and the former many nerves, no instrument should enter the eye through this line.

The ciliary muscle may undergo a fatty change, and if it really possesses an adjusting power over the focal alterations of the lens, it may explain certain cases of impaired vision.

To appreciate disease of the iris requires a correct knowledge of its healthy anatomy. The color of the eye depends upon the pigment cells which both encrust its surface and lie among its fibres. When the eye is blue it is due to this matter on the posterior surface of the iris. When it is of darker shades, as black, brown, etc., the coloring matter is of a particular quality, and varying much in quantity at different points, which accounts for the lines seen on the front of the iris in such shades.

Possessing circular and radiating fibres, it has the property of contracting and dilating the pupillary opening in its centre, thereby regulating the amount of light admitted upon the retina. When in health, these motions are very delicate, and can be made quite apparent by alternately turning the face to or from a window, or by simply interposing and again withdrawing the hand between the eye and the light. In the aged, this delicate response of the pupil to such tests, is not to be expected in the same degree of perfection, the sensibility of the retina or iris not being so acute as in younger subjects. Thus may its mobility be tested. The iris may be the seat of inflammation from rheumatism, syphilis, or mechanical violence. The description of its anatomical relations to the sclerotic ciliary ligament, pro-

cesses, choroid and retina, as already detailed, would lead us to expect that disease of any one of these may extend to it, or, that when thus affected, all these parts would be implicated, so that a pure iritis, unaccompanied by any further extension of inflammation, is probably a rare occurrence. In iritis a red zone exists around its ciliary circumference, because it is at this situation that an intricate multiplication of interlaced vessels occurs by the minute division of the ciliary trunks before being distributed to the iris. The same is true of the ciliary nerves. The pressure to which these nerves are subjected, from the inflammatory swelling, must be such as to prevent the transmission of their wonted stimulus to the muscular element of the iris, and produce paralysis; hence, when inflamed it is immoveable, or, as there may be certain points where the disease is less intense, and of course less embarrassment to the nerve function, some groups of muscular fibres may be in a state of contraction, in consequence of which irregularity of the pupil will follow, a phenomenon common in the disease under consideration. Immobility may exist after the cessation of inflammatory action, from the lymph adhesions: hence, the value of mercury and iodine as sorbefacients.

The main vessels of the iris run between its radiating fibres; when they become engorged they level up to the surface of these, and thus it is that, in iritis, its fibrous appearance is lost. Lymph, when effused, will gravitate towards the most dependent portions of the tissue in which it is thrown out; so, in this disease, the margin of the pupil becomes tumid and thickened. It may be occasioned, in some measure, also, by the pupillary circle of anastamosing vessels. In the iritis of rheumatism converging ridges appear on the organ. These are produced by pressure upon the principal channels which receive the veins of the iris, the walls of the latter becoming distended. Among the other phenomena which have been noticed, we must not overlook the change of color which occurs in the inflammations of this structure. This is a green, the cause of which is to be found in the aqueous humor, which, under such morbid states, becomes yellow—very much such a change as any surgeon has noticed in hydrocele or ascites.

Inflammatory products are very prone to block up the pupil, in which case the light cannot reach the posterior part of the eye; the dilatation of this is regarded by many, therefore, as important, so as to increase the opening, and render such an accident less likely to take place. Such is, in part, the reason for making applications of certain agents which possess a dilating power over the pupil, as belladonna, etc. The operation for artificial pupil consists in making an incision through the iris; the subsequent retraction of the divided muscular fibres may be of itself sufficient, but as the lymph deposited among the fibres of the tissue will counteract such a retraction, the wisdom of excising a portion of the membrane will appear obvious. When reasons exist for making a pupil near the circumference of the iris, as in certain corneal opacities, etc., its connection is such that, by a due exercise of traction, it may be pulled out from its connections with the ciliary processes. The membrana pupilaris may remain after birth, and cause congenital blindness.

The condition of the pupil is placed among the pathognomonic signs of certain conditions affecting the cerebral centre. Thus in concussion it is generally contracted, while in compression it is dilated. Anatomy does not positively enlighten us on these points.

The functions of the retina and the iris are so related to each other—the one perceiving, and the other regulating the amount of luminous particles—that it is quite natural to expect, in diminution of function of the former, active pupillary contraction of the latter should cease. So permanent dilatation of this opening is very often found conjoined with such a state—the "Mydriasis" of authors. The amaurotic eye offers the same appearance.

Oculists, to determine the condition of the retina, place a body with a small hole in the centre before the eye; this will serve as pupil, and if the above membrane is sound the patient will be enabled to see properly. The iris may be congenitally absent, or a very

small rudimental ring exist. Such persons cannot stare the light, the lids are rapidly closed and opened, and the head unsteady.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

May 19, 1860.

Medical Department.—Service of Dr. Levick.

(Reported by J. Solis Cohen, M.D.)

Gonorrhœa, Ophthalmia, and Rheumatism; Acute Rheumatism, Propylamine; Chronic Diuresis: Pathological Specimens—Dilatation of the right side of the Heart, fatty degeneration of the Heart, Liver, and Kidney, with cysts of the Kidney.

Gonorrhœa, Ophthalmia, and Rheumatism.—As I wish you to note the gradual changes in this case, I again present him to you. You will notice a marked improvement in his condition since the last clinic. The chemosis is entirely gone; there is now scarcely any purulent discharge, the process of ulceration appears to be entirely checked, and the cornea is beginning to assume its usual transparency. The treatment heretofore adopted has been continued up to this time. I think we may now omit the corrosive sublimate and the sarsaparilla decoction, continuing the bark and the porter. There is some little improvement in the condition of his joints, but the gonorrhœa continues much as before. You will find some writers denying that there is any association between the rheumatism and the gonorrhœa, which precedes it in these cases. They are not, however, sustained by the majority of opthalmic surgeons, and the great experience of Cooper, Lawrence, Mackenzie, and others, is against them In the first case of the kind which I have shown you, the subject of it had had four attacks of gonorrhœa, in each of which he had suffered severely from acute rheumatism, while, with one exception, he had never at any other time had rheumatism. He also suffered from rheumatic opthalmia, differing, however, very much from the case now before you—there having been in his case no application of the gonorrhœal virus to the eye.

Acute Rheumatism, Propylamine.—Ellen S., aet. 28, single, never was very strong, yet has had little serious illness. Two years ago, she had an attack of acute rheumatism, from which she was confined to her bed for two weeks, and subsequently from a relapse for four more. She has been well since then until last Saturday; while engaged in house-cleaning, she took cold, had pain in her back, felt cold, but had no decided chill. Two days later, her ankles began to swell, which was followed by swelling of the knee joints and of the hands. She has now dull pain in her shoulders, and her knuckles are very tender, red and painful; both hands are affected, but the right is most so. She took Dover's powder and acetate of potash for a few days before her admission. This, then, is a case of acute rheumatism, or, as it is now fashionably called, rheumatic fever. It is a well-marked typical case, with perhaps one exception, the absence of very marked febrile excitement, which almost always attends this form of the disease. There is, it is true, in this case a furred tongue, and an accelerated pulse, but there is but little general heat of the surface. We will carefully watch the case, and from time to time call your attention to the various symptoms which present themselves. My chief object in bringing her before you now, is to call your attention to a remedy which has recently been recommended in the treatment of rheumatism. I mean *propylamine*, or rather, in this case, its salt, the *chloride of propylamine*. So far as I am aware, attention was first called to this article in the treatment of rheumatism by Dr. Arvenarius, of St. Petersburg, who recommends it in the highest terms, having derived great benefit from its use in 250 cases, which came under his care. Influenced by his statements, which I read in Bouchardat's *Annuaire de Therapie*, I tried propylamine in five or six cases in this hospital about a year ago, but with no very decided results. Since then various commendatory testimonies respecting it have appeared in our journals, and I propose therefore to give it another trial. Professor Proctor, of this city, has recommended it in the form of a chloride, and I now exhibit to you a very beautiful specimen of this salt, prepared by the Messrs. Crew, Rogers & Crew, manufacturing chemists of this city. These gentlemen state, that it is best administered in the form of solution, and they propose the following formula:

℞ Propylamine, Chloridi, gr. xxxvi.
Sacchari, pulv. - - ʒij.
Aq. Menthae Pip. - fʒvj.
Ft. sol. &c.
S. Dose—a tablespoonful every two hours.

You perceive that it is in beautifully white, minute crystals, and that it has the odor of herring pickle, from which it is chiefly obtained, though it may also be procured from cod liver oil, ergot, &c. I must confess I am always incredulous as to the worth of new remedies, which are vaunted as specifics; but this comes to us recommended so highly, that we are bound to give it a trial. Had we waited until we learned the rationale of the action of sulphate of quinia, we might yet be deprived of its use.

Chronic Diuresis.—You may, perhaps, remember the history of the patient who is now before you. This case has been to me one of much interest, and

I will briefly repeat its leading points. He is a Scotchman, aet. 42, employed as a gardener. He came to America fifteen years ago; soon after which he had intermittent fever, from which he suffered at intervals for two years. This left him with tenderness of the liver, for which he was profusely salivated. Eight years later, he was again salivated for a similar affection, after an illness of five months; was well after this until last Christmas, when, after some exposure to the cold, he was seized with severe pain in the eyes, with pain in the limbs, with great thirst and frequent desire to urinate The pain in the eye has disappeared; but the other symptoms have continued. He applied to an apothecary for relief, and was again salivated. After this he "took mandrake, and lost a gallon (?) of blood by piles." Subsequently, under medical care, he took, with great advantage, rennet, and later, pepsine. *Present condition*—anxious expression of face; skin dry and harsh; gums spongy, disposed to ulcerate, and exhaling a peculiar odor, with an excess of saliva. He complains also of pain in his knees, and of nervous tremors, and a general sense of weariness. He has no cough, and his lungs afford no evidence of disease. At the time of his admission, he was passing eight pints of urine in the twenty-four hours. This is of a very pale, transparent hue. It has no decided odor; its specific gravity is 1005, and testing it by Moore's test, by Trommer's, and by evaporation, we can find no trace of sugar. It is then a case of *chronic diuresis*. I directed him a warm bath and frictions to the surface, with the view of promoting the action of the skin. To check the secretion of the kidney, gallic acid and opium were prescribed. No medicine acts more promptly in checking the secretion of the kidney than opium; but there are grave objections to its constant use in diabetes. The patient soon learns how much comfort it affords, and becomes an opium eater; it also disturbs the digestive functions.

Impressed with these views, I contented myself with the external exhibition of gallic acid in doses of gr. v. thrice daily. In the choice of an astringent for this purpose, gallic acid is much preferable to its congener tannic acid. The latter *is not absorbed as such into the blood*, but undergoes a conversion into gallic acid before it can reach the kidney. He was under this treatment increased to a scruple daily, with the following result: On the 8th he passed in 24 hours twelve and a half pints; had some rheumatic pains, which were relieved by soap liniment; pulse natural. 10th. In the last 24 hours he took four pints of water, 2 pints of milk, and 1 pint of soup, in all 7 pints of liquid, and passed 12½ pints of urine. On the 11th took 5 pints of water, 1 pint of soup, and 2 pints of milk, passed 12 pints of urine; pulse in the erect position, 100; has distressing tremors. On the 13th he passed 12 pints, and took 3 pints of water, 2 of milk, and 1 of soup; had a passage from the bowels from an enema. On the 14th passed 11 pints, and took 5 of water, 2 of milk, and 1 of soup; had a slight alvine evacuation. Having recently read an account of a very similar case in the London Lancet, in which belladonna was used with good effect, I now prescribed, in addition to the gallic acid, pills of the extract of belladonna, gr. ¼, thrice daily. In the next 24 hours he took 2 pints of milk and 4 of water, but no soup, and passed *only six and a half pints*. On the 17th he took 3 pints of water, 2 of milk, no soup, and passed 7 pints; his pulse nearly 100, and pupils somewhat dilated; says he has a little more dryness of the throat, but that he feels less nervous and more comfortable, though he has very strange dreams. He is now under this treatment. In the case alluded to, from which I derived the suggestion of belladonna, "it was given on the ground that as it was one of the best remedies for allaying irritability of the lower urinary organs, it might have some influence on the higher organs, namely, the kidneys themselves." I believe it exerts a general calming effect on the nervous system, and thus indirectly checks the urinary secretion. We all know that urine is secreted rapidly under the influence of fear or high mental excitement. Hence diuresis is found in hysterical women, and in nervous diseases generally. Be the modus operandi what it may, the drug is well spoken of, and seems thus far to have been of use in this case. You could not fail to notice the disparity between the amount of liquid excreted and that taken into the body. Some absorption may have taken place from without, but such a drain upon his tissues and fluids must soon break down the patient, unless it be checked. The weather during most of this time has been damp and cloudy.

Before the urine had been tested, I had fully expected to have found this to be a case of genuine diabetes, and had noticed, as a curious coincidence, that the first symptom complained of was a severe pain in the eyes. Some recent observations by Mr. France have shown that even double cataract is a not uncommon attendant of diabetes. In some interesting experiments performed by Dr. S. W. Mitchell, of this city, and confirmed by Drs. Hunt and Hewson, it has been demonstrated that if a solution of sugar be introduced into the blood of living frogs, their eyes speedily become cataractous. While I cannot say that there was not sugar in the urine early in this case, the most careful tests have failed to detect the presence of any at this time. I have not time to make any further remarks on this subject, but will now exhibit to you some recent *pathological specimens*.

Dilatation of the Right Side of the Heart.—From a man æt. 50, who was admitted four months ago with asthma. He was an Italian, who spoke with difficulty, and hence no history of his case could be obtained. He had great dyspnœa, much increased on exertion, a universal purplish hue of the surface, a feeble pulse, and the sounds of the heart were indistinct. There was marked pulsation of the jugular veins. The diagnosis was emphysema of the lung, with dilatation of the right side of the heart, which is confirmed by the post-mortem appearances. The surface of the lungs is studded with emphysematous bullæ, and the right auricle and ventricle very much dilated. There is some hypertrophy of the musculi pectinates, but there is no deposit upon the valves of either side.

Dr. L. then showed to the class the insufficiency of the tricuspid to close the auriculo-ventricular opening, and that regurgitation must necessarily result, and an impulse be thus imparted to the descending venous current of blood, the jugulars, &c. This was doubtless produced by the obstruction presented in the lungs to the transmission of blood from the right side of the heart.

Fatty Degeneration of the Heart, the Liver, and the Kidney, with Cysts of the Kidney.—These specimens were removed from the case of Bright's disease to which your attention was called at the last clinic. The patient, when before you, was very ill, and, as I feared might be the case, he died on the following day. The lungs, you will perceive, are highly edematous; when cut into and compressed, liquid pours from them in a stream. There are patches of recent lymph on the pleura. The heart has undergone, to a great extent, fatty degeneration, and is an excellent illustration of this pathological condition. There is no valvular disease, nor were there during life any abnormal murmurs.

The liver is the most striking illustration of fatty degeneration that I have ever seen. It seems to be nothing but fat. It is of a canary color, breaks under the finger, greases everything brought into contact with it. Its size is rather greater than that of a healthy liver. The kidneys, too, have undergone a similar change. Their size does not differ much from that of health, but their whole surface has undergone the change into fat. They are even of a lighter yellow color than the liver, are greasy to the touch, and both externally and internally present the same fatty change. On the exterior superior portion of the right kidney are three serous cysts, ranging in size from a marble to a large walnut. Through the kindness of my friend, Mr. William Darrach, Jr., I am enabled to show you a drawing of the appearance of these structures under the microscope. The first figure represents the condition of the liver, and shows the hepatic cell fully occupied by oil globules to such an extent as almost to obliterate the cell itself. Besides this there are numerous isolated oil globules covering the field of the microscope. The kidney presents the appearance shown in figure 2. The healthy tubular structure is in great measure obliterated, and nothing to be seen but free nuclei and oil globules. The post-mortem, then, in every respect confirms the diagnosis made when you last saw him, though the degeneration had advanced to even a greater extent than we could have foretold. You remember I then sought to impress on you the value of examinations of the urine. In this very case you have the most positive evidence of its value. The microscope showed a remarkable excess of oil in the urine, and the general symptoms were those of Bright's disease, so crowded indeed was the field with oil globules, that it was not until a second specimen had been tested that we could believe that it was not due to the use of a bottle containing a little oil in it. Here, then, was a fatty kidney; the rational symptoms were those of fatty degeneration of the heart, and as was then remarked, the association with these of fatty liver constituted a triple lesion not uncommon. The treatment adapted to the earlier stage of this disorder I have already given you; in such a stage as this it would of course be unavailing.

JEFFERSON MEDICAL COLLEGE.

WEDNESDAY, MAY 23d, 1860.

Surgical Clinic by Prof. Gross.

Specific Laryngitis—Irritable Mammæ in Males.

Specific Laryngitis.—(See Reporter 26, p. 159.)—The general condition of the patient evinces manifest improvement, as does also the appearance of the larynx. A solution of nitrate of silver was applied to the parts by means of a mop, and it was directed, in case the impression left be very unpleasant, to give a quarter of a grain of morphia, to relieve the irritation, caused by the introduction of the instrument.

Dr. Gross remarked that this practice was first introduced to the notice of the profession by Trousseau, the eminent French practitioner, in a work on laryngeal phthisis, translated twenty-two years ago by Bedlock. Cauterization of the air passages, however, did not attract much attention, until again brought into notice by Dr. Horace Green, of New York, who has employed it in many cases, with happy effect. He professes to be able to introduce an instrument into the bronchial tubes; others deny the ability to do this under any circumstances, alleging that when the instrument passes down the throat, it slips into the œsophagus, without passing into the air-passages. Erichsen is of this opinion.

Dr. Gross thinks, from his own experience, that an instrument can be introduced into the larynx and also into the trachea, but questions the practicability of passing it into the bronchial tubes. It requires much dexterity to introduce it even into the larynx. During the exertions made by the patient in the attempt to introduce an instrument, especially in the irritable condition of the respiratory organs, for which the operation is performed, it is rendered exceedingly difficult to insinuate a probang or a mop; but it can be done by a skillful and experienced operator, though often only after repeated trials.

Irritable Mammæ in Males.—Two cases.—The first case of this peculiar affection occurred in an apparently healthy young man, 31 years of age. The left breast is considerably swollen, and tender on pressure; he has a little pain, especially when warmed by exercise. The breast has been enlarging for five months, and has troubled him altogether for about a year. The pain is sometimes increased, sometimes entirely absent. The enlargement is circumscribed, but is evidently confined to the glandular structure. This is the irritable breast described by Sir Astley Cooper, and neuralgic in its character, though the change in structure has probably been consequent on a deposit following some inflammation in the organ. This is rare in the male, though found often in young girls at about the commencement of the menstrual function.

The second case is in a young farmer, 19 years of age, who thinks it has been consequent upon a kick received from a cow. It has existed about three months, and the gland is getting larger and larger, though it has not yet reached the size of the other case. The patient is otherwise in excellent health, but complains of the same symptoms of uneasiness as the first case. The affection, as in the other case, is limited to the left gland.

Treatment:—In both cases alike, consisting of the application of an opium plaster four inches square so as to cover the whole of the affected gland, together with a portion of the surrounding integument; first shaving the parts, and washing them with soap and warm water; the plaster is to be worn for two weeks. Another good plaster in these cases is the gum ammoniac and mercurial plaster, sprinkled with morphine, to render it anodyne. Various stimulating and anodyne liniments have been used, the indication always being to remove pain and promote the resorption of effused fluids, upon which the induration depends.

Three times a day, both patients are to take a pill composed of five grains of quinine and the twelfth of a grain each of arsenious acid and morphine, and a thirtieth of a grain of strychnine, as a tonic, anti-neuralgic, and to counteract any miasmatic influence to which they may have been exposed.

Diet to be plain and simple; bowels to be occasionally purged; fatigue, and exposure to cold to be avoided.

WILLS (OPHTHALMIC) HOSPITAL.

SURGICAL DEPARTMENT.—Service of Dr. Littell.

For the Medical and Surgical Reporter, by Ch. E. Hackley, M. D.

Cases 1, 2, and 3—*Cataract.*—Nos. 1 and 2 were cases of capsulo-lenticular cataract, presenting nothing worthy of particular remark. The operation of solution was performed in both instances. The single-edged needle was introduced at the usual place, through the sclerotica, the capsule opened to an area, somewhat larger than that of the undilated pupil, and the anterior surface of the lens shaved off as far as practicable, without displacement of that body. It is thought better to repeat the operation once, and even a second time, rather than to disturb the relation of parts and injure the interior of the eye by attempting to do too much at once.

Case 3— *Congenital Capsular Cataract.*—The patient is twenty years of age; he presents the oscillatory motion of the eyeball, usual in such cases. The cornea, beautifully conical, without opacity, strongly refracted, and reflected the light. The anterior chambers were unusually large. The external portion only of the pupil of the left eye was obstructed by the capsule, the inner part being clear and the lens wanting. The capsule of the right eye was entire, and so much thickened as to have the appearance of calcareous deposit on some parts of its surface. It was proposed to introduce the needle, as in the other operations, enucleate the lens, if any portion of it remained, and open up the centre of the capsule to the extent of an ordinary sized pupil; or, in case this could not be done, to separate the capsule from its connections, and afterwards to incise the cornea at its circumference, and extract the capsule through the opening, thus made. Happily it was unnecessary to incur the additional risk, this procedure would have entailed. The capsule included in its centre a small lenticular nucleus, which was easily detached and an opening made, which, to the great joy of the patient, admitted at once a flood of light.

Cases 4 and 5—*Cases of Artificial Pupil.*—In No. 4, only a small segment of the cornea at its circumference was transparent; an opening was made through this, as near as possible, to the margin, a piece of the iris drawn out by a forceps, (having very delicate claws projecting laterally at its points,) and removed by the curved scissors.

No. 5, had been the subject of a previous opera-

tion, in which the cornea was opened and a portion of the iris removed by excision. The centre of the iris was drawn toward the cicatrix, the pupil entirely obliterated and vision quite extinct. The single-edged needle was introduced, and an opening made through the iris, partly by dividing and partly by separating its fibres, to an extent deemed sufficient for useful vision. Some blood was necessarily effused; and until this is absorbed, the result of the operation will be undetermined.

No. 6, a case of *Pterigium.* It was removed by raising the thickened membrane at its apex, and excising it with the scissors.

Medical Societies.

MEDICO-CHIRURGICAL COLLEGE OF NEW YORK.

Pulmonary Apoplexy as an Accident of Labor—Excision of the Entire Radius—New Instrument for Vaccination.

A regular meeting of this Society took place May 17th, 1860,

DR. BRONSON in the chair.

DR. A. K. GARDNER presented a paper on *Apoplexy of the Lungs as an Accident of Labor.*

As this is a very valuable paper on this somewhat rare complication of labor, and one about which our standard authorities say but little, we present it to your readers in full.

Case 1.—I was called August 14th, 1851, at 3½ A. M., to Mrs. ———, æt 24, lying-in with her first child. I had never seen her previously. She was taken with pains about an hour before my arrival, accompanied by a free evacuation of the bowels and vomiting. The os not entirely effaced; grinding pains quite frequent; noticed a slight cough, accompanied with some expectoration, which she stated had existed for "some time." I supposed it had originated from sleeping for several nights previous with only a sheet for a covering. She complained of some head-ache for which I recommended the application of vinegar.

Returning home, I saw her again at 9 A. M. The vomiting had continued, and she still complained of head-ache, though it did not appear to be excessive. She replied to all my questions, and kindly inquired if I would not have a glass of wine, and on my refusing, alleging the early hour of the day, she urged me, saying that I must feel weary from having been called up in the night. This I mention to show the condition of her mental powers. After waiting about half an hour and preparing to leave again, I remembered that she had not had a pain since my second coming, and I therefore seated myself by the window to notice its character, and then very shortly the nurse left the room, stating that she was asleep, as was evident from the resonance of the breathing. The sonorousness rapidly increased to a marked snore, and very soon assumed an almost stertorous character. I then approached her, and observing her more carefully, half fancied that the hand of the arm on which she was lying, trembled. As the respiration became noisy, I touched her hand to wake her. When she had been sleeping for about five minutes, and not rising, I shook her with increasing violence, but she was insensible, and all attempts to arouse her were fruitless. I confess that I was entirely ignorant as to the cause of the condition in which she then was, having never seen such a speedy change from apparently perfect health, to this one of utter powerlessness. Imagining it however to be symptomatic of convulsions, and finding the pulse full and rather hard, it was but a minute's work to tear a ribbon from a hat lying near, bind it around her arm, and open a vein. This bled tolerably quick until about half a pint was discharged, and then ceased, when I opened a vein in the other arm. Seeing the emergency of the case, and not wishing to be alone responsible for the result, I sent anywhere for aid. Dr. S. S. Purple chanced to be near at hand, and came most opportunely, and we both endeavored to encourage bleeding from both arms, but in vain; for, in fifteen minutes after she had spoken the above related conversation, she was dead. A bloody mucus issued from her nose, the lips and fingers were blue, but farther than as indicated, there was no sign of congestion of the brain, as the temporal arteries were imperceptible. She gave no sign of consciousness after she entered upon that sleep, which proved to be but the introduction to death. I ruptured the membranes early on noticing the change, and the os was then scarcely the size of a dollar. With Dr. P.'s consent I gave a certificate of death from rupture of one of the blood vessels of the lungs during labor.

The husband would not allow the cæsarean section to be performed in the hope of saving the child, or a subsequent *post mortem.*

Case 2.—I was called at 5 A. M., March 29th, 1860, to Mrs. ——— in labor with her first child. She was about 25 years of age, and of remarkably full habit, and of a full Saxon appearance and temperament. During her pregnancy she had been very well, until about two month's previous to her labor. Being naturally of a joyous, excitable temperament, the change to being moody, peevish, and sometimes fits of extreme passion attending with great depression, accompanied by an abundance of tears, was very marked. At the same time there

was much insomnia, gloomy forebodings; there was also disturbance of vision, black specks floating before the eyes, and sometimes darkness or shadows passing, accompanied with giddiness. The appetite was generally good, and the egestions sufficient in quantity. The urine, although often hysterical in its quantity, showed albumen on being exposed to heat. This was removed, and the cerebral symptoms also disappeared a few days before labor came on, under the influence of the following

℞. Mag. sulphatis ℥ii.
Potassæ et sod. tart. ℥i.
Spts. nit. æth. ℥i.
Tinct. aconit; rad. rasur. ℥ss.
Syr. gaulth. proc.
Aquæ puræ āā ℥iii.

Take a tablespoonful every night, and repeat in the morning if necessary.

During a portion of the time the sulph. mag. was omitted; the mixture containing it was taken but every second or third day, in consequence of its too free action upon the bowels. The same prescription, with this omission, was, however, taken for several weeks, and acting freely upon the kidneys, removed the slight puffiness of the face and the œdema of the extremities, which had existed in a slight degree. At 5 A. M. found the neck of the uterus effaced and the os just admitting the finger, pains frequent and irritating There had been no sleep during the night, but now there was a great tendency to somnolency, characterized by a constant and immediate dropping off to sleep at the cessation of every pain, and accompanied by a snoring respiration, which was reported to have existed during the previous two months. The patient could not lie down with ease, and especially during a pain was compelled to be raised up to an almost sitting posture. I was anxiously waiting for convulsions, which I judged threatened her from the above detailed symptoms. At 11 A. M. the head having descended into the cavity, and presenting in the first position of Baudelocque, accompanied by forcing pains of some strength, an irritable and persistent cough commenced, accompanied by a profuse glairy mucous expectoration—a large mouthful every minute—which rapidly became more and more tinged with a bright red color. To relieve the apparent bronchial irritation, I administered a few drops of Squibb's chloroform by inhalation; but seeing no benefit, I soon stopped it, without any anæsthethic or other result being perceptible. In about fifteen minutes from the commencement of the cough, the respiration increased to more than twice its normal frequency, constantly interrupted by efforts to spit up the more rapidly increasing secretion, now very bloody in color and character, and of a bright arterial hue. The finger nails now became blue, and of a slaty shade, the lips blue, the eyes glassy, and the entire conspectus one indicating a most dangerous situation. I had in the meanwhile sent for my instruments, but could not see how artificial delivery would avail anything. Up to this time there was not a drop of blood in the profuse vaginal discharge. Here the remembrance of the previous case, just narrated, came to my aid, and I determined to bleed, notwithstanding the strenuous objections urged by the lady against venesection at several periods before, during pregnancy. I therefore set her up in bed and bled in a tolerable stream about twenty ounces. The effect was almost miraculous, the respiration gradually returned to its normal standard, the cough and the bronchial secretion were both entirely and immediately arrested, like the shutting off a faucet. The natural color of the hands and lips returned, the danger was passed, and both patient and attendants again breathed freely. In a few hours a girl, weighing nine pounds, was safely delivered, and both mother and child subsequently did well. (It is worthy of note that during the above labor, from first to last, there was not, even after the child was born, till the placenta was delivered, a single drop of blood sufficient to color the clothing or bedding red, nor was there the slightest laceration or even abrasion of the perinæum, fourchette, or vaginal mucous membrane and the subsequent lochia were small in quantity, and at the end of two weeks there was not, even when the mother was going out riding, and walking about the room, any inconvenient or noticeable discharge. This case is but one of many in my experience where there has been no injury done to the perinæum or fourchette, as some state is *always* effected in a first labor, however simple.)

These cases I venture to call pulmonary apoplexy, although I am well aware that such a nomenclature is not borne out or authorized by any writer from whom I can quote.

Copland, in his erudite dictionary, defines apoplexy pathologically as "defective vital energy with hæmorrhage or derangement of the vascular system of the brain, and their consequences," and further quotes *Cruveilhier*, who confines the term apoplexy "to the occurrence of spontaneous hæmorrhage in the brain," dividing it into two varieties:

Dunglison says, "at the present day the term apoplexy is employed by many writers to signify *interstitial hæmorrhage* or every effusion of blood which occurs suddenly into the substance of an organ or tissue." Hence we speak of cerebral, pulmonary apoplexy; but pulmonary apoplexy is considered to be a hæmoptysis, although a faint recognition of the characteristics I am desirous of establishing is to be found in that "a sudden and terrific kind of hæmoptysis is sometimes met with,

consisting in a great eflux of blood to the lungs." This has been called pulmonary apoplexy.

Dr. GARDNER, after alluding at some length to the literature upon this subject, remarked that in the discussion which ensued, upon reading this paper at the Academy of Medicine last evening, (May 16th,) it was urged that "the diagnosis of the first case was not clearly made out, and that the second was one of *œdema*, and not apoplexy of the lungs, and that a rupture of a blood vessel was necessary to make the case one of apoplexy. Here I take issue. Œdema of the lungs, according to Laennec, the only authority on this disease, is "the infiltration of serum in the substance of the lungs," (which may have been the effused fluid in this case,) yet the expectoration was finally of a deep pink color; while Laennec says "œdema has more or less of a watery expectoration, of a consistence and appearance resembling white of egg, dissolved in an equal part of water." Furthermore, œdema of the lungs is rarely a primary and idiopathic disease. It is commonly merely the consequence of some other affection, and often takes place a few hours before death; nevertheless in some cases it has certainly lasted several weeks, and even months, "as in the few cases given."

Copland says, "it is probable that it is never or very rarely seen, but consecutively upon anasarca or external œdema, and the treatment is dry cupping, diuretics, digitalis, senega, camphor, and the means ordered for asthenic pneumonia."

Watson in his theory and practice says, "this condition of the lung seldom takes place, except as a part of general anasarca, and it is capable of no other rational treatment than such as is suited to the original disorder." His remarks upon pulmonary apoplexy are deserving of attention in this connection, inasmuch as he says that "the lungs without undergoing any actual change of texture may in this manner *be so chocked up and crammed with blood* as to preclude any subsequent admission of air, and again he says, "now as in most of these cases, the hæmorrhage is a hæmorrhage by exhalation, and depends upon congestion, active or mechanical, we shall stay the hæmorrhage if we remove the congestion."

The title "apoplexy" I have stated above, is not a faultless one, but in my opinion far more preferable than that of œdema, for the former implies a sudden character of the disease, rapid in its invasion, terrific in its manifestations, and speedy in its termination. The latter is slow in its coming on, preceded by other, and often kindred dropsical affections, not very alarming in its symptoms, and tardy in its results. If it be actually œdema, the ass has put on the lion's skin. But the name is of little importance; opportunities will probably not be wanting for accurate autopsies to give true data for better descriptions and a more accurate designation.

As to the *etiology* of this serious malady, we shall have some difficulty in deciding. There was a stasis of blood in the lungs, and this might have various causes. "Irregularity of the circulating fluid," as some would call it, is only giving a different name to the same thing; for what causes this irregularity? Is it a mere accident? But accidents do not occur in the mechanism of the human organism. Was this irregularity caused by some obstruction in the circulation in some other part of the system, compelling the mass of the blood to find some other habitat? Did the loaded uterus in its changing dimensions, as the contents were gradually escaping from it, press upon the vessels leading to the kidneys, upon the abdominal aorta? Did the advancing fœtal head obstruct the circulation in the lower extremities by pressing upon the iliac vessels? Were there clots of blood formed from the arrested uterine circulation and broken off, carried to the pulmonary vessels and there forming a dam to the returning blood, thus producing a local mechanical arrest? Or shall we go back and seek some more mysterious and even more speculative aberrance of the nervous forces, for the *fons et origo?*

Was the disturbance of the head, the loss of consciousness, in the first case, caused by a simultaneous cerebral apoplexy, or was it merely the natural consequence of the vessels in the brain being loaded with carbonized blood, from the want of the primal action of the lungs? Or finally, shall we in the "house that Jack built style," say that it was uræmic poisoning that caused the loss of nervous power, that caused the pulmonary stasis, that caused the death of number one, and nearly effected the same result in number two? It is indeed easier to ask than to answer such questions of cause, especially with no accurate post mortem knowledge upon which to make a starting point for a reply. Finally, as to the *treatment* of pulmonary apoplexy, occurring in the course of labor, there appears to be but very little to be said. If the cases which I have given are fair types of this disease, coming on with little or no premonitory symptoms, sudden in their manifestations, scarcely noticeable until death from asphyxia is imminent—if this is the ordinary course of the disease, it would then appear that there was no opportunity for prophylactic measures. The *coup de tonnerre* must be met with a *recoup* of corresponding proportions and power. The attack must be made on the *vis a tergo;* and by the prompt withdrawal of blood, in as rapid a manner as possible, not only will any farther effusion be rendered impossible, but a speedy withdrawal of the invading

forces will be requisite to supply the wants of sinking nature. Copious bloodletting will alone be found to be sufficiently prompt and effective. Even this will not perhaps be serviceable, if time is lost in temporizing, so that the simple congestion has had time to effect the rupture of a blood vessel in the lungs, to produce symptomatic convulsions, or to so paralyze the system that nature cannot rally from the double effects of asphyxia, and the shock, from the too long deferred venesection.

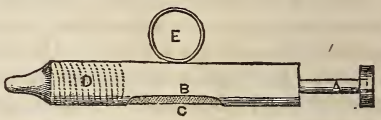
All *anæsthetics* I should consider to be contraindicated. In the second case, where some ten drops were given, under the mistaken idea that the irritating cough was of a spasmodic nature, arising from some slight bronchial irritation from previous crying, shouting or straining, no effect was apparent, although any farther administration, I considered, would but have aggravated the symptoms already present.

Premature delivery, unless followed by a profuse hæmorrhage, cannot, as it would seem, be of any avail, as the apoplexy depends but secondarily upon the presence of the fœtus in utero, and if this be so, its withdrawal would be of no immediate benefit as it would not remove the effect. Still it may be in some cases, that the lungs may remain so gorged, even after the bleeding, as to demand the delivery of the fœtus, in order to remove the violent expulsive pains. Under such circumstances, the use of the forceps is both justifiable and expedient.

After the reading of this paper, a very long discussion ensued, in which Drs. Reese, Peaslee, Dewees, Carnochan, and others, took part. We regret very much, that a want of space forbids an extended report of the interesting remarks of these gentlemen upon the above paper. While some of the members were inclined to doubt the accuracy of the diagnosis in the first case, none were willing to consider case second, as one of *œdema*. Dr. Reese related two cases very similar to those of Dr. G., in which he pursued the same treatment, in one case taking *thirty* ounces of blood, with a successful result. Dr. *Dewees* also related similar cases, and remarked that he had heard his father speak of this disease as an accident of labor. The treatment he advised, was prompt venesection from the jugular vein, as he considered distension of the right ventricle to be its chief cause.

Resection of the entire Radius.—Dr. Carnochan presented a patient from whom the *entire radius* had been removed, for necrosis. The bone was exsected from joint to joint. The motion of the hand is almost perfect, the patient being able to write with facility and rapidity. The hand is not quite in its natural axis, as it bends a little inward, while the styloid process of the other side forms a prominent projection. Dr. Carnochan claims this as the first *successful operation* of this kind, and offers a premium of one hundred dollars to any one who can fairly disprove his claim. In conclusion, he remarked, that Dr. Gross of your city, was aware of this case, but he had chosen to omit all reference to it in his late work upon surgery.

Dr. Bronson then presented a new and ingenious instrument for vaccination. It consists of a cylinder, perforated, at its middle by an oval opening, in this cylinder there plays a piston upon which is fastened a piece of *sand paper* so as to be opposite the opening in the cylinder. A small spiral spring at the bottom of the cylinder, to secure a backward motion, completes this simple contrivance. The annexed sketch of the instrument will enable any one, who may wish, to get this "*friction vaccinator*" constructed.



A, represents the piston, with the sand-paper at B; the piston being pressed against the spiral spring D will of course rebound, ready for a new stroke. The opening c is placed directly upon the arm and the whole instrument pressed firmly, by means of the ring E, through which the middle finger is placed, while using the instrument.

The advantages of this instrument are almost too obvious to need notice. Any one much in the habit of vaccinating, knows the difficulty of exposing the *absorbents* without *drawing blood*, especially in children where the cuticle is extremely thin. With the above instrument this difficulty is entirely done away with. The *rapidity* with which vaccination can be performed with this contrivance is almost incredible. Dr. Bronson who was formerly House Physician of the De Milt Dispensary says, that with this instrument he can vaccinate *one hundred* persons in an hour. It is hardly necessary to add, that the coarser the grade of sand-paper, the quicker will the cuticle be removed. No. 2½ will be found most suitable for children. Gotham.

———o———

Of the 33,018 children born during the year 1859 in the eight principal towns of Scotland, 16,883 were males, and 16,135 females; which gives 95·6 female to every 100 male births. During the previous year, the proportion was 93·4 female to every 100 male births.

EDITORIAL DEPARTMENT.

Periscope.

Fatality from Chloroform —Dr. Kidd, who has given much attention to the subject of chloroform, has observed that deaths attributable to its inhalation have occurred more frequently during the performance of the minor surgical operations. The statistics of deaths from chloroform certainly show a much greater proportion in the performance of trifling operations, as of 85 fatal cases in which the nature of the operations was recorded, 10 were extractions of teeth, 14 removals of toe nails and operations on phalanges, while of this number none occurred in the performance of the large amputations, resection or ligature of large arteries, etc.

Dr. Kidd has therefore hastily concluded from these results, that "chloroform is safer in large than in small operations." He seems to have overlooked the fact of the vastly greater frequency of the performance of small operations, and of course the more frequent administration of the anæsthetic, which is, we believe, sufficient to account for the apparent greater fatality attending minor operations.

Dr. Kidd estimates the number of deaths from inhalation of chloroform to be about one hundred. We think that if this number had been quadrupled it would more nearly approximate the truth. Chloroform never gained general confidence in this country, and its use has within the past few years rapidly declined, yet the deaths referable to it would probably equal one half of Dr. Kidd's entire estimate of fatality from it.

The European origin of chloroform inhalation and its distinguished authorship, has given it a confidence which cannot long be maintained in the face of such uncontrollable mortality, and while the causes of sudden death from it are so little understood.

On the Employment of Santonine in Amaurosis, by M. Martini.—M. Martini, in 1858, communicated a paper to the Academie des Sciences on the effects which santonine exerts upon the coloration of the vision and the urine. In the present communication, containing additional observations upon the same subject by himself and others, he gives an account of the results of his employment of santonine in ocular neuroses. Only three cases are referred to, the most meagre details being given:—1. A woman, 70 years of age, had suffered for some time with defective vision of the left eye, when M. Martini saw her in March, 1859. The pupil was but slightly sensible to light, and was larger than that of the right eye. A slight white cloud was perceived in the aqueous humour, and the patient could scarcely distinguish light. On March 10th the santonine was commenced, with from 4 to 6 grains being given, (how often is not stated,) and on the 15th the patient perceived, several times in the day, objects of a greenish-yellow color, and that even with the bad eye. On the 18th eight grains were given, and the patient began to be able to recognize the countenances of the bystanders. By the 22d objects were observed to be colored yellow, and had become still more plainly distinguishable. The employment of the santonine having been now discontinued, the improvement remained stationary. 2. The santonine having been administered from March 20th to 22d, to a patient amaurotic in both eyes, the retina became much more sensible to the action of light. 3. To a man who suffered from amaurosis of the left eye, being already deprived of the right one, 10 grains of santonine *per diem* were given. In a week's time he was enabled to read some large letters written on a wall.—*Comtes Rendus*, No. xi. March, 1860.

Quinine a Specific for Scarlatina.—Dr. M. B. Sellers, of Oakland, Louisiana, states in a private letter which has been handed to us, that after considerable experience, he believes quinine to be a specific in the treatment of scarlet fever. He has treated fifty cases, some of which were malignant, with quinine, without one resulting fatally, and previous to his adopting this treatment he had several deaths in his practice.

He administers it in full doses, giving to children seven years old five grains every hour until twenty grains are taken. To adults, ten grains every hour until they take forty grains. He does not say whether this dosing is repeated. The quinine treatment was almost exclusively relied on.

Pepsin in the Vomiting of Pregnancy.—M. L. Corvisart, the *Lancet* says, has of late advocated the use of pepsin to allay extreme vomiting in pregnancy.

Reviews and Book Notices.

A Treatise on Medical Electricity, Theoretical and Practical; and its Use in the Treatment of Paralysis, Neuralgia, and other Diseases. By J. Althaus, M. D. Philadelphia: Lindsay & Blakiston.

There was long needed a treatise on the therapeutical uses of electricity, and the present work, comprehensive in its scope and sufficiently elaborate in its details, is well calculated to supply a deficiency long felt. The book is divided in three chapters; the first treating of the forms of electricity, the various apparatuses in use, etc. The second chapter is devoted to electro-physiology. Under this caption the author describes the physiological effects produced by the application of electricity to the different tissues of the living body, in their normal condition. In the third chapter, the therapeutical application of electricity is discussed, and the subject illustrated by clinical observations. In reference to the treatment of paralysis by electricity, the author lays down the following propositions, based upon physiological, experimental observations:

1. The galvanic stimulus is capable of disturbing the molecular equilibrium of the motor nerves and muscles, so as to produce the state in which they are physiologically active. This disturbance, if judiciously produced, does not cause any injury, but tends to re-establish or to ameliorate the lost or impaired vitality in the motor nerves and muscles.

2. The galvanic stimulus allows the necessary alternate contraction and expansion of the muscles, without which their nutrition is generally soon seriously impaired.

3. The galvanic stimulus, by producing contractions of the muscles, and thus augmenting the chemical changes in—that is, the oxidation of—the muscular tissue, causes a more abundant supply of arterial blood to it, which is evidenced by an increase of heat and bulk in those parts which have been galvanized, and which in its turn augments the nutrition of the muscle.

We are sorry that our space does not allow a more extended notice; yet nothing but a careful study of the book itself can give an adequate idea of the large amount of valuable physiological and therapeutical facts which it conveys.

Professor Farraday has stated that an oxy-hydrogen light, displayed on the Scotch highlands, was distinguished at the distance of upwards of 90 miles.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JUNE 2, 1860.

INTERNATIONAL COPYRIGHT.

We have a few words to say on this subject, so far as it concerns medical literature. We are in favor of an international copyright, because we are opposed to international stealing, quite as much as to the national "petit larcenies," constantly committed by some of our American medical journalists, who seem to regard the work of others as common plunder, and with whom "scissoring" appears to be the most important part of editorial labor.

We have often heard men speak of the "cosmopolitan, the universal character of science, the spread of which should not be hindered by legal enactments;" "the more reprints, the more cultivation of science, the more knowledge." Indeed! This is the gist of the arguments advanced by those who oppose an international copyright; such is the high ground of "cosmopolitan philanthropy" which they occupy.

We know very well that science is cosmopolitan; but we are also aware that piracy is a crime. Literary labor—*brain-work*—is the hardest and highest labor that man is capable of performing. Why should he not be protected by law in enjoying the rewards of such labor? It is all very well to talk of the high aim and noble aspirations that should guide literary efforts, and which, in the consciousness of performing the great work of establishing and disseminating truth, should fill the author with an inspiration that should make him forget mere lucre, and place him above the desire for pecuniary reward. This sort of argument will do very well for a grand college-oration, when the atmosphere is laden with the fragrance of bouquets and the perfume of *extrait des milles fleurs*, but it will never do in *life*—never do for the great mass of earnest, hard-working literary men, whose paths are seldom strewn with flowers, and but too often with thorns and thistles.

Jean Paul Richter, with his quaint humor, has well remarked, that if we could but trace the causes which lead authors and poets to say

great things and true, we would find that the noisy rumbling of a hungry stomach and the expectation to pacify it, often forms the ground-basso to many a beautiful song.

We do not propose to discuss this question in the abstract; we wish to present it in its practical bearings, and state some of the benefits to American medical literature, which would result from an international copyright.

1. The present system of wholesale reprinting of foreign, and especially English works, arises not so much from their superiority, but from the fact that it is cheaper to reprint, than to publish an original work and pay the author a decent fee; and because it lies in human nature to buy the *cheaper* book, provided it be equally good or not much worse than the other. This system of reprinting, while it deprives the foreign author of the remuneration, justly belonging to him, is a direct obstacle to our own original medical literature and research.

We claim that an international copyright, while it could in no way interfere with the reprinting of really valuable books, would keep out of our book-trade a great deal of trash, secure to the brain-laborer his well-deserved earnings, and stimulate our original literature, by rendering it better paid; and by advancing original research, it would raise the standard of American science.

2. But it would also raise the *respectability* of American authorship, by doing away, at least to a great extent, with that, to us somewhat questionable title of "the American Editor," which, in the great majority of cases, we believe, means nothing more nor less than "proof-reader," bestowing cheap literary honor and repute, frequently, where it least belongs, and in other cases humbling those, who are fully competent to produce as good an original work, as the one which they edit, to the position of proof-readers and American editors, because it pays better to the publisher to reprint, than to *risk* an original work.

Considerations of honesty and equity, and the advancement of original research and scientific labor in this country, alike demand an international copyright. We are no longer dependent on foreign research and investigation. The greatest scientific discoveries of the last twenty years have been made in this country. In spite of the yearly inundations of reprints in every branch of medical science, we can to-day boast of having American authors ranking second to none. Why then continue this wholesale system of pilferage, which benefits none except the small class of republishers?

This is a question deeply concerning medical literature and journalism in our country, and which should be freely discussed by the medical press. We hope that it will be, although we feel fully convinced that our views will be strenuously opposed, principally however by those, who follow the noble profession of piracy, on a small scale, in our periodical literature. Sapienti sat!

THE SLAUGHTER OF THE INNOCENTS.

We clip the following from the Newark (N. J.) *Daily Advertiser* of May 23d, 1860:

"A few days since the court sentenced Richard B. Mershon to pay a fine of $300, for abortion, he having previously retracted his plea of not guilty, and plead guilty to the charge. The court administered the accused a severe lesson, and stated, it being the first conviction for this offence in this county, the court had made the penalty light."

We are happy to know now the exact price and value of a murdered infant, a matter about which, hitherto, we were in profound ignorance. Having always believed that criminal abortion was a State-prison offence, and, perhaps unjustly, looking upon the criminal abortionist as one of the blackest of rascals and most villanous of villains, we must now modify our opinion, guided by the higher dictum of the law of the State of New Jersey, as expounded and applied by one of her judges.

There is a peculiar, quaint humor in the little local item which we have copied, unpremeditated, of course, by the man who "does up the local" for that paper. How kindly the obnoxious adjective, "*criminal*," is omitted before the noun, "abortion," so that ignorant persons may think that R. B. Mershon had simply got in some sort of an innocent scrape,

for which he is to be pitied,—not condemned. The report could not be much different if R. B. Mershon had, in a frolicksome humor, broken Mrs. Somebody's Chinese flower-pot, and been sued for damages. Again, R. B. Mershon, having condescendingly reconsidered his previous plea of not guilty, plead guilty, in the most humerous way possible, the good-humored judge administered the accused a severe lesson, and in the same strain of judicial pleasantness, made the penalty light, considering that this was the first offence of said R. B. Mershon, and the first offence of the kind in the county.

Now, this is all mockery. This same R. B. Mershon has been for years the *notorious abortionist* of the city of Newark. He was expelled from the Newark Medical Association two years ago, or thereabout, because not only one, but several cases of wilful, premeditated, criminal abortion were charged upon him, and to which he plead guilty; but before taking his *coup de grace*, whiningly and wailingly he then promised and pledged that *never again* should he produce abortion. But it seems that R. B. Mershon's pious resolutions were like those of Renard, the fox, when in sight of the chicken-coop. He was knave enough to commit the crime again, and fool enough to be caught. But it is the *first* offence of the kind, and three hundred dollars the legal value of a murdered infant! This brings us to another consideration. Mershon, as we are informed, charged from five to ten dollars (and, of course, as much more as he could get) for his philanthropic efforts of slaughtering the innocents. If he will raise his devil's-fee to thirty-dollars, he will only require ten cases a year to pay the penalty, if he has the bad luck again to be indicted. Triple and quadruple this number he must certainly be able to obtain, with the notoriety which the *Advertiser's* "mild local" has given him.

Is there no public opinion healthy and strong enough to hunt such human beasts out of decent communities; even when expounders of law are so lost to their sense of duty as to inflict a mere nominal penalty upon these hyenas of the murdering fraternity?

THE CATALOGUE NUISANCE, AND BOOK NOTICES.

Periodically, our Medical publishing houses issue their catalogues of publications, and send them over the country to the address of physicians. Ordinarily they serve very little purpose except for waste paper—rather an expensive mode, to the publishers, of supplying this commodity to the profession of the country.

But this form of the nuisance is quite innocent, compared with that in which these catalogues are bound up with books issued by the publishing houses. To take up a standard work by a distinguished author, and find that the index cannot be referred to without thumbing over almost interminable pages of stereotyped book recommendations, which have disfigured every book issued by the house for the past ten years, is, to say the least, very provoking, and an imposition on the time and patience of a class of men who can ill afford an unnecessary loss of either.

We recently had the curiosity to cut the leaves of one of these catalogues, and found that it was made up of recommendations of books, much the larger proportion of which, are in the "sere and yellow leaf" of age, and long since lost whatever of vigor they may have once possessed. The catalogue now before us contains recommendations of a certain work for instance, quoted from ten different medical journals, eight of which are defunct; some of their names even, being almost forgotten by those who are the most familiar with our periodical medical literature.

There is another consideration; an opinion of a book, to have any weight, should emanate from a distinguished source, one capable of judging of the merits, or demerits of the work noticed, and not be the mere expression of good will of one who fears to offend the publisher, lest he should not be again remembered by him in the distribution of his favors.

We are anxious to see an improvement in the character of our book notices in general, and would suggest to our publishers that it is about time to melt down the stale stereotyped recommendations with which their annual catalogues are freighted, and if it "pays" for

them to issue catalogues in this form, which we are inclined to doubt, let them offer a new course of dishes; the novelty of the thing might attract some attention.

Correspondence.

For the Medical and Surgical Reporter.

Discerning, as I do, in Dr. Wilbur's explanatory note, published in your journal of the 19th, the indicia of a manly and conciliatory spirit, I have no desire to prolong the controversy. Being unwilling that any man should take precedence of me in courtesy or magnanimity, I desire to be understood as leaving the field, pari passu, with Dr. Wilbur. Any wounds of feeling which I may have received in the contest, have healed by first intention; and if Dr. Wilbur can say as much, I am content.

P. GREGG.

Rock Island, Ill., May 23, 1860.

Items and Miscellany.

Medical Society of the State of Pennsylvania.—Since our issue of the 19th ultimo, we have been furnished with the following additional particulars of the approaching (twelfth) Annual Session of this society. In pursuance of its final adjournment last year, the society will convene, in this city, on Wednesday, the 13th instant, at 11 o'clock, A. M., *precisely*, when the President will call to order. The Sessions will be held at the "*Assembly Buildings*," S. W. corner of Tenth and Chestnut streets—*entrance on Tenth street*, and will be opened with prayer by a distinguished clergyman of this city, followed by an address of welcome from the chairman of the committee of arrangement and reception. Subsequently it was proposed to meet at ten o'clock in the mornings and four o'clock in the afternoons. This arrangement will afford the delegates from a distance an opportunity to visit, in the intervals, our various medical, literary, scientific and charitable institutions, to which they will have free access on the presentation of their cards of membership.

On Wednesday and Thursday evenings, we understand, private receptions will be given by members of the profession; and on Thursday afternoon, it is proposed, to visit, by special invitation, the *new* Pennsylvania Hospital for the Insane, located in West Philadelphia, and under the superintendence of Dr. Kirkbride.

In the construction of this Hospital, all the modern improvements that science could suggest in ventilation, warming, and other conveniences have received attention, and we venture to affirm, that there is no other building in this country, which is so complete in all the details of its arrangements, or better adapted for the successful treatment of that unfortunate class of patients for whom it is designed, and who may become the recipients of its bounty. It is, therefore, well worthy the careful inspection of the members of the society.

Several of the railroad companies, whose roads connect with Philadelphia, we are gratified to learn, with their characteristic liberality, generously consented to pass the delegates over their roads, *both ways*, at *reduced fares*, upon the presentation of their credentials at the various points of embarkation. It is particularly requested that delegates, who may see this statement, will immediately communicate the information to their colleagues.

The committee of arrangement will be in attendance at the "Assembly Buildings" on Tuesday, preceding the Annual Meeting, from 4 to 6 o'clock, P. M., and on Wednesday morning after 9 o'clock, when and where the delegates are requested to present their credentials, register their names and receive their cards of membership.

The Thirteenth Annual Meeting of the American Medical Association takes place next Tuesday, May 5th, and will remain in session four days. We give below the arrangements with the various railroads for the conveyance of delegates. We shall have a reporter at New Haven and expect to lay before our readers a full account of the proceedings at an early date.

The National Medical Convention.—The Detroit and Milwaukee, Michigan Central and Great Western Railroads, will carry delegates from Milwaukee, Chicago and Detroit, to Suspension Bridge and return, at one fare, upon presenting certificates that they are such delegates at the time of purchaseing tickets. Tickets, when issued, will be good for thirty days. The Pittsburgh, Fort Wayne and Chicago Railroad, will pass returning delegates free over such portion of the road as they may have paid full fare over in coming to the Convention, on the presentation to its conductors of the certificate of the proper officer of the

Convention that the bearer was a delegate in attendance, and that he paid full fare over the road in coming to the Convention. The Pennsylvania Railroad will issue "Excursion tickets," good for the "round trip," over that road. The Philadelphia, Wilmington and Baltimore Railroad will issue "round trip" tickets to delegates at $4.00, on presenting proper certificates at their ticket office. The Charleston and New York line of Steamships (Spofford, Tileston & Co's line) will bring and return delegates at a reduction nearly equal to half fare. It is hoped and believed that arrangements for a reduction of fare between Philadelphia and New York will be effected prior to the sitting of the Convention. Information of such arrangement, if effected, may be obtained from the physicians of Philadelphia by delegates and others passing through that city. The New York and New Haven Railroad will issue "round trip" tickets at one fare to those who have a certificate to show that they are physicians, and to their families. The steamboats "Elm City" and "Traveller" will return to New York free of charge delegates coming upon them from that city. The "Elm City" leaves Peck Slip for New Haven, daily, at 3 P. M., and the "Traveller" at 11 P. M. The Western, and New Haven, Hartford and Springfield Railroads, forming a route between Albany and New Haven, will return delegates free who may have come over their roads, upon presenting certificates of their attendance. The same roads, in connection with the Boston and Worcester Railroad, forming the "Inland Express Route," as also the "Shore Line Route," composed of the Boston and Providence, Providence and Stonington, and New Haven, New London and Stonington Roads, will issue "round trip" tickets from Boston at one fare. The Kennebec and Portland Railroad, the roads between Portland and Boston, the Worcester and Nashua, and Connecticut River Railroads, will carry returning delegates without charge who may have paid full fare over their roads in coming. It is respectfully suggested to delegates and permanent members, that they should make their official character known when purchasing tickets upon *any* of the roads herein named.

A Medical View of the Prize Ring.—The following is from an editorial in the London *Lancet*:

The general merits of the Prize-Ring we cannot discuss. It has its special organs and advocates. But a medical journal may, with propriety and usefulness, point out some of the hygienic and moral bearings of our national, if not "noble," art of self-defence. Admitting the theoretical truth, and not forgetting the inaptitude of the doctrines of the Peace Society, we may regret that men should quarrel, box, stab, cut, maim, shoot, or wrestle with one another, and, without inconsistency, give our preference, since men will quarrel and fight, to that mode of fighting which entails the minimum of evil and supplies the maximum of good. Regarded in this light, as a vent for the combative propensity of mankind, it cannot be denied that the English prize-ring is entitled to the post of honor. It is certain that we all think so, although it is conventionally held to be very shocking to say as much. For some weeks past TOM SAYERS has been the most popular man in England, and JACK HEENAN the most interesting, if not the most illustrious, stranger. The fact is notorious that the encounter between these two men has attracted more universal and more eager attention than the Reform Bill, the Budget, or any one of the pressing political questions of foreign and domestic policy.

Of course we are all scandalized at the spectacle of two athletes dealing out to each other terrific blows, whose heavy "thuds" on the naked body are "heard over the whole field," in the presence of a crowd of backers, patrons, and partisans. But, this feeling having subsided, it is surely not unimportant to seek to explain the astonishing circumstance, that two men should, for upwards of two long hours, endure such fearful punishment, and yet walk about the next day as if nothing had happened. The great probability is, that if two ordinary men, unskilled, untrained, and unfettered by rules of fighting, meet in conflict, each bent upon placing his antagonist *hors de combat*, long before the expiration of one hour, the combatants will give in from exhaustation, or one will retire so injured, that he will be a permanent sufferer, or will have a tedious convalescence in prospect. The explanation lies in these four things: First, the training or preparation; secondly, the courage brought to the encounter; thirdly, the skill possessed by the antagonists; fourthly, the subjection of the combatants to certain laws during the contest. Although, when estimating the result, it is difficult to assign the exact relative value of these four conditions in producing it, the preliminary training must be regarded with the greatest physiological and hygienic interest. By what means can a man be brought into

such a wonderful state of muscular development, of lung-force, and of power of endurance, as was exhibited in the recent conflict? What is the method pursued in order to bring out this marvel of physical vigour? The answer may have its uses beyond the rearing of pugilists. The professors of the art accord, we believe, an enlightened respect to the precepts of medicine. We are, however, unable to describe their practice from personal experience. It is understood that the plan pursued is varied, according to the condition and requirements of the individual in training. But the general system is somewhat as follows: Diet and exercise are most scrupulously regulated. The athlete, who has, by indulgence or inaction, become too fat and short-winded, is thickly clad in woollen garments, and made to run long distances, frequently up hill, until he perspires freely. He is then carefully rubbed with coarse towels. He also takes frequent baths, so that the skin is thoroughly cleansed, and made to perform its emunctory and other functions with the greatest perfection. He is submitted to a variety of exercise, such as sparring, the use of dumb-bells, and other means calculated to increase muscular development, and expand the chest. His principal food consists of beef-steaks and mutton-chops. The steaks are well beaten to render the muscular fibre more digestible; dressed in a frying pan, diligently polished to exclude the chance of dirt, or other contamination; and cut into very thin morsels to facilitate mastication, and that minute subdivisions which is conducive to perfect digestion. He is not restricted from beer, but is compelled to be moderate. Under a few weeks' subjection to this system, the puffy fellow, who could not run twenty yards without panting, nor receive a moderate blow without exhibiting bruises and extravasations, is disincumbered of all superfluous tissue, and brought into a condition capable of the greatest physical exertion and endurance. The regenerated athlete comes into the ring, exulting in muscular power and activity. Suppleness and force are revealed in every movement. You have before you the ideal of the human animal personified. Nor is the result entirely one of animal excellence. The physical qualities of man can hardly be wrought to a high pitch without also evoking some of the moral good that is in him. The training itself implies mental as well as physical discipline. For a long time the pugilist, having his aim in view, possibly a bad aim, has exercised the most resolute self-denial. When he encounters his antagonist, that self-denial gives place to perfect self-control. We fear we must not divert the word chivalry from its ordinary acceptation to conflicts of this kind; but there is surely something akin to it in that unswerving and not ungenerous observance of the rules of "fair play," and that admirable command of temper under the most severe punishment, which are amongst the characteristics of the professional pugilist. Now when we remember that men and boys will quarrel and fight, it is impossible not to recognise the utility of some standard that shall serve to control and moderate the brutal passions of combatants. This we undoubtedly see. The laws of the ring exert their sway over the whole population, and unquestionably often prevent acts of cowardice and cruelty.

But quarreling and fighting are not the exclusive vices of civil life. They enter for a large part into the policy of nations. We raise twenty millions of taxes for the express purpose of maintaining tens of thousands of fighting men in the best condition, and armed with the best appliances for destroying their fellow-men. So long as nations shall owe their independence to their military virtue, so long must it be of importance not to suffer the pride of personal prowess, or the spirit of chivalry, to decay amongst the mass of the population. This mass supplies our armies. Can a soldier be made like an inanimate article of manufacture? Is it a matter of indifference whether the raw material be a man nursed in effeminacy, or one who has felt the influence of our national mode of combat? Is there not some relation between the vulgar combative peculiarities of the Saxon race and the upholding of our rights and *prestige* amongst the nations? It is surely a characteristic not altogether ignoble, or deserving of unqualified condemnation, that the Englishman should have cultivated a mode of fighting without weapons of any kind, and brought it to such a perfection, that his bare fist is an object of terror, and often a sufficient defence against armed violence, abroad.

We are now training a volunteer force for the security of the country. Its effectiveness must greatly depend upon the personal physical accomplishments of the individuals composing it. As a gymnastic exercise, "glove-practice" has many advantages. There is, perhaps, nothing that gives greater freedom, dexterity, and power to the limbs. The rifleman may therefore, learn a useful lesson from the pugilist, and, with advantage, imitate his hygienic training.

☞ *The Association of Superintendents of Hospitals for the Insane* has been in session in this city during this week. There were thirty or forty members present, and the meetings have been very pleasant and profitable. A full report of the proceedings will appear in our next.

Army and Navy Intelligence. The bill now before Congress to increase the pay of officers of the Navy, and which is likely to pass that body, proposes the following changes in the pay of the medical officers.

Grade.	Present pay.			Increased pay.		
	On leave, or waiting orders.	Navy Yards or other duty	Sea service.	On leave, or waiting orders.	Navy Yards or other duty	Sea service.
Surgeons, 1st year	1000	1250	1333	1250	1500	1668
" 2d year	1200	1500	1600	1500	1875	2000
" 3d year	1400	1750	1866	1750	2037	2332
" 4th year	1600	2000	2133	2000	2500	2533
" 20 years and upwards	1800	2250	2400	2250	2712	3000
Pas'd Ass't Surgeons	850	1150	1200	1012	1462	1500
Assistant Surgeons	650	950	950	812	1162	1162

The New York Ophthalmic Infirmary, under the charge of Drs. Stephenson and Garrish, has been removed from No. 6 Stuyvesant street, to No. 63 Third avenue, near Eleventh street.

The Rate of Mortality of the City of London.—The population of London is reckoned at 2,774,000; and it is still increasing at the rate of 1000 weekly—30,000 by births, and 23,000 by immigration. The females exceed the males by about 175,000, because it has more female immigrants, and because man's mortality, by reason of his occupations, is greater than the woman's. Of 1,394,900 inhabitants of the age of twenty and upwards, in the last census about 750,000 were born beyond the bounds of London. It is a vast stage upon which the people of these isles play their part, and then retire to country life, to foreign lands, or to the life beyond the grave. 92,500 children were registered as born during 1859, *i. e.* 1780 weekly, or 254 per diem—the boys exceeding the girls by 1822: 61,600 died, death taking them off at the rate of 1185 per week, or 7 per hour. The mortality was at the rate of 22 in 1000, while it was 24 in 1000 during the previous eighteen years.

To show the marked difference between the death rate in the seventeenth and nineteenth centuries, the Registrar-General has given us some very interesting details; and it appears that the comparison may be relied on as tolerably correct. In the 20 years, 1660—79, the death rate was 7000 in 100,000; in 1859, it was 2229. Small-pox took off 357 in the first period, and 42 in the second; fever, 749 and 59 in the two periods. In those days, 86 died in childbed, now 17 die in the 100,000. Now 8 die of dysentery, then 763 died. Syphilis was twice as fatal then. Scurvy also took off its 142 instead of 2 as now. Respiratory diseases were very fatal; 1079 then, against 611 now. Convulsions and teething carried off 1175; and now (sadly still too many) carry off 136. Besides this, in those days were visitations of the plague—in 1665, for instance, nearly one-third of the population perished by plague.

Some few exceptions are worthy of note, however, in this category. Appoplexy, paralysis, affections of the brain, and suicide are more than double as fatal now as they were then. Stone, and diseases of the urinary organs, are as fatal now as they was then.—*Med. Times and Gazette.*

☞ *To Subscribers.*—Mr. V. F. Harrison of No. 133 South Tenth street, in this city, was, at one time authorized to receive subscriptions for the REPORTER. We wish our readers to understand that he is no longer our agent. We shall hold ourselves responsible to those who have made payments to him up to this time, provided they inform us the amount of payment, when paid, and when their subscriptions commenced. We are compelled to pursue this course as we cannot obtain the information from Mr. Harrison.

Answers to Correspondents.

COMMUNICATIONS RECEIVED.—*Alabama*, Dr. A. H. Smith, [with encl.,] Dr. John H. Williamson, [with encl.]—*Connecticut*, Dr Leonard J. Sanford, [with encl.,] Dr. S. G. Hubbard, Dr. John B. Lewis, [with encl.]—*Georgia*, Dr. L. J. Robert—*Illinois*, Dr. Thomas D. Fitch, [with encl.,] Dr. P. Gregg—*Indiana*, Dr. T. P. Bicknell—*Iowa*, Dr. J. J. Morgan, [with encl.,] Dr. G. Reeder—*Maine*, Dr. Jos. W. Ellis, [with encl.,] Dr. A. F. Page—*New Jersey*, Dr. H. Field, [with encl.,] Dr. A. A. Lutkins, [with encl.,] Dr. S. C. Marsh, [with encl.,] Dr. C. Eyrich—*New York*, Dr. R. Ormiston, Dr. R. B. Bontecau, [with encl.,] Dr. N. D. Ferguson, Dr. Robert Watts, [with encl.,] Dr. Louis Bauer, [with encl.]—*Ohio*, Dr. Schallern, [with encl,] Dr. P. H. Clark, [with encl.,] Dr. Blymyer, [with encl.,] Dr. J. R. Black—*Pennsylvania*, Dr. John H. Grove, [with encl.,] Dr. D. L. Beaver, [with encl.,] Dr. G. W. C. James, [with encl.,] Dr. W. M. Knox, [with encl.,] Dr James B. Herron, [with encl.,] Drs. T. & S. Dickson, [with encl.,] Dr. Daniel Cornman, [with encl.,] Dr. D. W. Hoover, [with encl.,] Dr. S. C. McCormick, Dr. S. R. Treichler, [with encl.,] Dr. Jacob

Ahl, [with encl.,] Drs. King & Coffey, [with encl.,] Dr. Thomas St. Clair—*Rhode Island*, Dr. S. W. Butler—*South Carolina*, Dr. Horace Drennen, [with encl.]—*Virginia*, Dr. A. H. Canthorne.

Office Payments—Dr. S. Sproul, of N. J., Dr. D. R. Bannan, Dr. Edward S. O'Grady, Dublin, Ireland.

———o———

MARRIAGES.

COALE—BELL—At Boston, 17th instant, by the Rev. W. Richardson, D. D., Dr. Wm. Edward Coale to Elizabeth T., daughter of the late Hon. Joseph Bell.

DEAKYNE—CLARK—On the 7th instant, by the Rev. Thomas Brainerd, D. D., Dr. A. C. Deakyne to Miss Ann Louisa, daughter of Wm. Clark, Esq., of this city.

JONES—STUART—At Cedar Grove, King George county, Va., by Rev. Hugh Roy Scott, on Wednesday, May 29, Dr. E. Lee Jones, of New York city, son of the late Gen. Roger Jones, Adjutant General U. S. A., to Julia Calvert, daughter of Dr. R. H. Stuart.

DEATHS.

SCHENCK—In Camden, at the residence of his son, suddenly on the evening of the 16th inst., Hon. Ferdinand S. Schenck, M. D., of Somerset county, New Jersey, aged 70 years.

A PHYSICIAN of some years experience in the practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

DENTAL INSTRUMENTS—TEETH.

JOHN KLINE,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, FINDINGS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 188

J. JACOB TEUFEL,

MANUFACTURER OF

SURGICAL AND DENTAL

INSTRUMENTS AND TRUSSES.

103 South Eighth St., 3d door below Chestnut,

PHILADELPHIA.

☞ *A large assortment always on hand.* ☜ 186

Anatomical, Pathological, and Microscopical Preparations.

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS intrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood-cut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILLUSTRATION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION intrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS M. D.
768 Florida street, Philadelphia

REFERENCES.

JOSEPH PANCOAST, M. D., Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.

D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.

ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.

J. DA COSTA, M. D., Physician to the Episcopal Hospital.

F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital.

Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN,** No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved

RADICAL CURE and other TRUSSES,

FEMALE SUPPORTERS,

SHOULDER BRACES,

ELASTIC STOCKINGS,

SPINAL APPARATUS

For weak and curved spines, and

INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

PHILADELPHIA HOSPITAL.

MANY IMPORTANT WORKS ARE MISSING FROM THE Medical Library of this Hospital. Persons having volumes out, will please return them, or any one capable of giving information regarding missing volumes, will oblige by communicating with the undersigned.

S. W. BUTLER, M. D., Librarian.

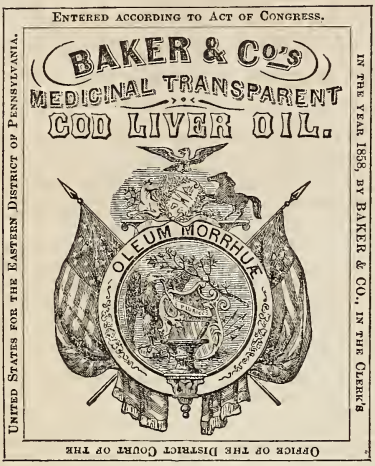
April 28, 1860.

ARTIFICIAL EYES.

PERSONS wanting ARTIFICIAL EYES can have them made to order, and inserted, without pain, by DR. OSMUN, Oculist, 1619 Chesnut street, Philadelphia. 188

The most Reliable, Efficacious, and Scientific Remedy for

CONSUMPTION, SCROFULA, DEBILITY, &c.,


ENTERED ACCORDING TO ACT OF CONGRESS.
BAKER & Co's
MEDICINAL TRANSPARENT
COD LIVER OIL.
OLEUM MORRHUÆ
IN THE YEAR 1858, BY BAKER & CO., IN THE CLERK'S
UNITED STATES FOR THE EASTERN DISTRICT OF PENNSYLVANIA.
OFFICE OF THE DISTRICT COURT OF THE

which, from its long established and well-tested reputation for purity freshness, uniformity of character, and superiority of its mode of preparation, from the most eminent of the medical profession throughout the country, the distinguished faculty of the oldest and best medical colleges, the University of Pennsylvania, and thousands of invalids—claims the patronage and confidence of all who desire the advantages of a superior and genuine article.

As the value of this remedy depends solely on its genuineness, invalids should be careful to take only that of undoubted reputation, as its qualification cannot be ascertained by observation.

For testimonials, see the pamphlets accompanying each bottle, and be sure to procure only "J. C. BAKER & CO.'S PHILADELPHIA COD LIVER OIL," which is to be had of all apothecaries, and from the proprietors.

BAKER & CO.,
175 154 North Third Street.

TRUSS

AND

BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES, (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

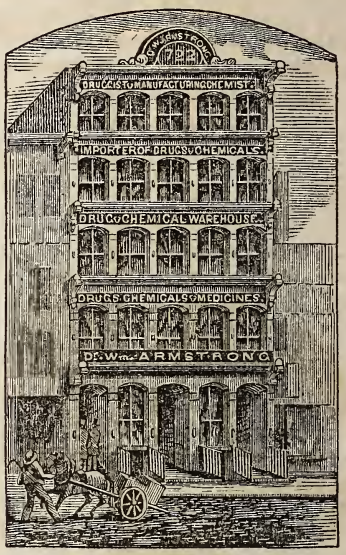
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with the above, with flattering results. 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.



Also a General Assortment of Concentrated Medicines, from the Laboratories of MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut	2 to 5	1 50
Alnuin	Res. Rd. Neut	2 to 10	75
Apocynin	Rd. Res. Neut	½ to 3	2 00
Asclepin	Rd. Neut	1 to 5	1 50
Baptisin	Res. Neut	1 to 8	1 00
Barosmin	Res. Neut	1 to 3	2 00
Caulophylin	Rd. Neut	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut	2 to 5	1 25
Chimaphilin	Res. Rd. Neut	2 to 5	1 00
Collinsonin	Res. Neut	2 to 5	2 00
Colocynthin	Rd	½ to 2	2 00
Cornin	Rd. Neut	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut	1 to 3	3 00
Cypripedin	Rd. Neut	2 to 4	1 00
Digitalin	Rd. Alk. two Neut	⅛ to ½	1 50
Dioscorein	Res. Neut. M. R	2 to 5	1 50
Enonymin	Rd. Alk. Neut	1 to 4	2 00
Enphorbin	Rd. Neut	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk	2 to 5	1 50
Fraserin	Res. Neut. and M. R	2 to 10	1 00
Gelsemin	Rd. Alk. Neut	¼ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd Neut	3 to 8	2 00
Hamamelin	Res. Neut	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut	⅛ to ½	2 50
Irisin	Res. Rd. Alk. Neut	1 to 3	1 00
Jalapin	Res	2 to 5	1 50
Juglandin	Rd. Neut	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut	2 to 5	60
Lupulin	Res. Rd. Neut	1 to 4	75
Lycopin	Rd. Neut	1 to 4	1 00
Macrotin	Rd. Alk. Neut	¼ to 2	60
Menispermin	Rd. Alk. Neut	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut	½ to 3	1 00
Podophyllin	Rd. Alk. Neut	½ to 3	60
Populin	Rd. Neut	2 to 5	50
Prunin	Rd. Neut. Amyg	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to and sent to all parts of the United States, by addressing

DR WILLIAM ARMSTRONG,
722 Market Street, Phila.

J. M. MIGEOD,

MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.

Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12	1	oz. Ground Stop. Bottles and			
	12	½	oz. " "			$9 50
No. 2, containing	10	1	oz. " "	and		
	10	½	oz. " "			8 50
No. 3, containing	8	1	oz. " "	and		
	8	½	oz. " "			7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24	1	oz. Ground Stop. Bottles,	$10 50
No. 5, "	20	1	oz. " "	9 50
No. 6, "	16	1	oz. " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24	1	oz. Ground Stop. Bottles,	$10 50
No. 8, "	20	1	oz. " "	9 50
No. 9, "	16	1	oz. " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27	1	oz. Ground Stop. Bottles,			
" "	18	½	oz. " "			
" "	4		Pots, " "	and		
" "	1		Mortar, " "			$19 00
No. 2, containing	21	1	oz. Ground Stop. Bottles,			
" "	14	½	oz. " "			
" "	4		Pots, " "	and		
" "	1		Mortar, " "			$15 50
No. 3, containing	18	1	oz. Ground Stop. Bottle			
" "	10	½	oz. " "	and		
" "	4		Pots, " "			$12 00
No. 4, containing	20	1½	oz. Ground Stop. Bottles	and		
" "	2		Pots, " "			$8 50
No. 5, containing	15	1	oz. Ground Stop. Bottles,			$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9	1½	oz. Ground Stop. Bottles,			
" "	18	1	oz. " "			
" "	18	½	oz. " "			
" "	4		Pots, " "	and		
" "	1		Mortar, " "			$20 00
No. 2, containing	7	1	1½ oz. Ground Stop. Bottles,			
" "	14	1	oz. " "			
" "	14	½	oz. " "			
" "	4		Pots, " "	and		
" "	1		Mortar, " "			$16 50
No. 3, containing	14	1	oz. Ground Stop. Bottles,			
" "	14	1½	oz. " "	and		
" 4	4		Pots, " "			$13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours.

THOMAS D. MUTTER,
Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116. t. f. B. FRANK. PALMER

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

HUSBAND'S

ISINGLASS ADHESIVE PLASTER.

THIS PLASTER has been found to be admirably adapted to strapping after surgical operations, and as a dressing to either incised or lacerated wounds. It is cleanly, of easy application, adheres firmly *without producing inflammation*, and being semi-transparent, allows of an examination of the parts without their having to be disturbed by its removal, until, in many instances, the cure is effected. This Plaster is not affected by age, and will bear exposure to any climate.

Professor MUTTER, in his late edition of Professor Liston's Lectures on Surgery, &c., remarks that "the Isinglass Plaster, referred to by Mr. Liston, is exceedingly well made by Mr. Husband, of this city; and for some time past I have almost abandoned the use of the old adhesive plaster of the shops, which often, in persons of a delicate skin, or children, produces troublesome irritation."

For sale by the Druggists, and by

T. J. HUSBAND,
1-3 N. W. Cor. Third and Spruce sts., Philada.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests. MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

WANTED.

SEVERAL PERSONS TO TRAVEL AS **AGENTS** TO OBtain subscribers for this Journal. Students or young graduates would find this pleasent and profitable employment, as we allow a liberal percentage for new subscribers, and the exceedingly practical and popular form and low price of the REPORTER, will induce most physicians to subscribe to it if called upon.

None need apply without good recommendations. Address the Editors

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P. . . . $0 37½
Aloes et Assafœt: U. S. P. . 37½
Aloes et Ferri . . . 37½
Pulv: Aloes, Socot: ½ gr.
" Zingib: Jam: 1 gr.
Ferri Sulph: Exsic: 1 gr.
Ext: Conii ½ gr.
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
Pulv: Aloes Socot:
" Sapon: Hispan:
" Fruct: Colocynth:
" Gambogiæ
Oleum Anisi
Anti bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . 37½
" Comp: (Plummer's) 3 grs. . 37½
Calomel
Oxysulph Antimony
Guaiacum Resin
Calomel et Opii . . . 37½
Calomel 2 grs.
Opium 1 gr.
Cathart: Comp: U. S. P. . . 37½
Cinchon: Sulph: 1½ grs. . . 50
Cook's, 3 grs. . . . 37½
Pulv: Aloes Soc: 1 gr.
" Rhei 1 gr.
Calomel ½ gr
Sapo Hispan: ½ gr.
Colocynthidis Comp: 3 grs. . . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . . 37½
Copaibæ et Ext: Cubebæ . . 37½
Pil: Copaibæ, 3 grs,
Ext: Cubebæ 1 gr.
Copaibæ Comp: . . . 37½
Pil: Copaib:
Resin Guaiac:
Ferri Cit:
Ext: Cubeb:
Fel Bovinum, . . . 50
Inspisated Oxgall 2 gr.
Powd: Jamaica Ginger, 1 gr.
Ferri (Quevenne's) 1 gr. . . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . 37½
Ferri Comp: U. S. P. . . 37½
Ferri Iodid: 1 gr. . . . 50
Ferri Lactat: 1 gr. . . . 37½
Ferri et Strychniæ . . . 62½
Strychniæ 1-60 gr.
Ferrum per Hydrogen (Quevenne's) 2 gr.

PIL: Ferri Valer: 1 gr. . . . 75
Ferri et Quin: Cit: 1 gr. . . 50
Ferri et Strychniæ Cit: 1 gr. . . 37½
Strychnia Cit: 1-50 gr.
Ferri Cit: 1 gr
Galbani Comp: U. S. P. . . 37½
Hooper (Female Pills) . . 37½
Hydrargyri, U. S. P. 3 grs. . 37½
Ipecac et Opii, 3⅓ grs. . . 37½
Pulv: Doveri, U. S. P.
Opiii, U. S. P. 1 gr. . . 37½
Opii et Camphoræ . . . 50
Pulv: Opii, 1 gr.
Camphoræ, 2 grs.
Opii et Plumbi Acet: . . 37½
Pulv: Opii, ½ gr.
Plumbi Acet: 1½ grs.
Quiniæ Sulph: 1 gr. . . . 62½
Quiniæ Sulph: 2 grs. . . 1 00
Quiniæ Comp: . . . 75
Quin: Sulph: 1 gr.
Ferrum per Hydrogen (Quevenne's) 1 gr.
Acid Arsenious 1-60 gr.
Quiniæ et Ext: Belladon: . . 62½
Quiniæ Sulph: 1 gr.
Ext: Belladon: ½ gr.
Rhei, U. S. P. . . . 37½
Rhei Comp: U. S. P. . . 37½
Scillæ Comp: U. S. P. . . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
Pulv: Aloe Scott:
Gum: Mastich:
Flor: Rosæ
Zinci Valerian: 1 gr. . . 75
GRANULES, Acid: Arsenious, 1 20 gr. . 25
" " 1-50 gr. . 25
Aconitia, 1-60 gr. . . . 50
Atropia, 1-60 gr. . . . 50
Corrosive Sublimate, 1-12 gr. . . 25
Digitalin, 1-60 gr. . . . 50
Elaterium (Clutterbuck's) 1-10 gr. . 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr. . 2
" Nux Vomica, ½ gr. . 37½
Mercury Iodide, ¼ gr. . . 25
" Red, 1-16 gr. . . 25
Morphia Sulphate, 1-10 gr. . . 37½
" " 1-6 gr. . . 50
" Valerianate, ⅛ gr. . . 62½
Quinia Valerianate, ½ gr. . . 1 00
Silver Nitrate, ¼ gr. . . 37½
Strychnia, 1-20 gr. . . 37½
" 1-40 gr. . . 37½
Veratia Sulphate, 1-12 gr. . . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of emicals and Chemical Apparatus, for distribution. 180, 1y

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 190. } PHILADELPHIA, JUNE 9, 1860. { NEW SERIES VOL. IV. NO. 10.

ORIGINAL DEPARTMENT.

Communications.

Case of Congenital Deficiency in the Abdominal Parietes, with Partial Extrophy of the Intestine, and Hernia into the Umbilical Cord.

By F. V. Greene, M. D.,
Of Philadelphia.

On the 26th of May I was called to attend Mrs. ———, in labor. Parturition progressed regularly, and she was delivered of a full-grown male child, perfectly developed, with the exception of the following malformation: To the left of the umbilical cord there was a tumor of considerable size, elastic, and evidently containing intestines. The greater part of the tumor was covered by the largely dilated integuments of the cord; to its right, however, near, and somewhat below the umbilical cord proper, almost in the median line, there was an entire deficiency of the dilated covering of the cord, and a reddish mass, of velvety appearance, about the size of a dime, supplied the place. Very soon after the birth of the child it was found that there was a small perforation in the centre of this mass, from which there was a discharge of meconium.

During the life of the child all fæcal evacuation flowed readily from this fistulous opening. An explorative injection of warm water was thrown gently into the anus, and after a sufficient quantity had been injected to distend the intestines, the water escaped from the aperture at the umbilical tumor, showing that the canal was pervious from below.

The tumor, at its base, was about three-fourths of an inch in diameter. Efforts to reduce the intestines were fruitless, as they seemed to be firmly agglutinated, and constricted at the neck of the sac, while at the same time the portion of the intestine which protruded externally was so firmly attached and so merged into the surrounding parts as to form a veritable intestinal extrophy.

Nothing was done, under these circumstances, until the third day after birth, when the sloughing process in the cord having considerably advanced, the tumor itself had gradually become larger, assumed a dark brown or mahogany color, appeared to be tender on touch, and the extrophied portion of the intestine had changed from a bright red into a deep purplish hue. Repeated experimental endeavors to reduce the intestine, at least at its base, showed that this could not be done, and that the gut was incarcerated at the base, as well as adherent at the apex of the tumor. As the distended funis which covered the mass of extruded intestines was sloughing away, it was evident

that death must soon take place under this condition of things, and an operation, as affording, perhaps, some slight chance, was decided upon, and performed by Dr. R. J. Levis.

An incision was made, a director introduced, and the sac carefully opened, when it was found that sero-plastic exudation had already taken place. Nearly the whole mass of the protruding intestines was agglutinated together. The adhesions were carefully broken up, a ligature tightly placed around the fistulous perforation, so as to shut it up completely, and after extending the section to the integument of the abdomen, at the base of the tumor, to relieve the constriction, reduction of the mass was accomplished. The child died on the next day, eighteen hours after the operation.

Puerperal Peritonitis; Poisoning by Veratrum Viride; Recovery; Opium and Veratrum Viride.

By Samuel B. Foreman,
Of Hoboken, N. J.

M. Nolan, a short, stout, plethoric Irish woman, aged 27, was taken in labor May 19th, 1854, at 9 A. M. She had a miscarriage when but three months gone, and a child at term, previously. The presentation was right occipito anterior—the second stage seven hours long, the head being most of the time low down, and the pains good; the whole labor was of fourteen hours duration. She did not seem to be much affected by the long second stage, and was doing perfectly well until the evening of the 21st. On that night she had a chill, and, by the morning of the 22d, there was slight tenderness over the hypogastric region; very slight tympanitis, an accelerated pulse, and a hurried respiration. Her bowels had not moved since delivery. Puerperal fever (then epidemic) had set in. Ordered a dose of castor oil, and a blister, six inches by eight, to be placed over the hypogastrium, and dressed with mercurial ointment. The eighth of a grain of the sulphate of morphia to be administered every hour. During the day her face was flushed, and her pulse quick, and full, At 5 P. M. pulse 136—gave ½ gr. morph. sulph.; at 7 P. M. but slightly affected by the morphine; another half grain administered; at 9 o'clock being fully narcotized, and sweating freely, no more was given, but the effect having passed off slightly by 11, another ½ gr. was administered; at 12 P. M., her respiration being down to 10, she took nothing. 23d at 3 A. M, respiration 12—at 9 A. M., face pale. She was still under the influence of the morphia, her respiration being 13—pulse 106. Bowels moved once—2 P. M. pulse 116. Face suffused with a dusky flush; somnolent at 5; the pulse having risen to 120, and respiration being more frequent, one-third of a grain of morphia was administered. At 7 P. M., the pulse being 140 and full, the pupils but little contracted, and respiration 26, a full grain of morphia was given with two grains of quinine. Tympanitis now considerable. Tenderness only in the left iliac fossa—tongue furred, but not dry—skin moist—pain absent. Lochia and milk still persistent—decubitus dorsal; at 9 P. M gave ½ gr. morphine with the addition of five drops of Tincture of Veratrum Viride (strength of Tincture, four ounces of the root to sixteen of alcohol)—skin hot and pungent—patient sleepy—pulse 160—respiration 12. At 11—pulse fallen to 150, respiration to 10—skin not so hot. Patient has not slept any; decubitus on the left side; 10 gtt. of Tr. Ver. Vir. given.

24th—1 A. M. Pulse 132. Resp. 12. Sleeping—skin natural; 5 gtt. of Ver. Vir. administered.

3 A. M. Skin moist but hot. Pulse 136. Resp. 11. Awake. 10 drops of Ver. Vir. ordered, but through a mistake, 10 minims (about 25 drops) were given.

5 A. M. Patient restless; has complained of pain in the hypogastrium—pulse 136. Resp. 10½. 10 minims again given by the same mistake.

7 A. M. During the visit of the assistant physician a fit of nausea occurred, terminating in the vomiting of a thin blackish fluid. He notes, "she seems much exhausted from some cause (he was unaware that he had overdosed her) and is vomiting profusely." Excessive perspiration, hands cold, pulse 76, resp. 12.

9 A. M. On visiting her myself this morning, I find her in a truly alarming condition. Bathed in a profuse cold perspiration, with cold livid extremities, vomiting frequently, tossing her arms about, pupils contracted, lochia very scanty, tenderness in the hypogastrium, pulse reduced to 66 and feeble, *respiration only* 12 *in two minutes.* No respiration at all for a period of a quarter of a minute, or even 25 seconds, then three or four "catchy ones," each one suggesting the unpleasant uncertainty as to whether another would follow. Patient insensible, and apparently dying from prostration. 10 minims of chloroform were administered by the mouth, and the vomiting instantly checked, a hot air bath for a short period applied, and half an ounce of whiskey every half hour ordered. In the course of an hour the pulse had fallen to 60, the face had a florid flush, she was sweating, and more quiet, though, from the excitement of confessional, her respiration had risen to 12 in a minute, and mind become more sensible.

At 11. Her face is pale; her whole surface cold; tenderness increased over the abdomen. Pulse not so full, and respiration only 14 in two minutes. Strong milk punch ordered more frequently.

11¾. Pulse 52. Resp. 13 in a minute—cold sweat all over—no lochia—great tenderness.

1½. Pulse 53. Resp. 10.

2 P. M. Pulse 59. Resp. 12, looks better and complains of great weakness.

4. Pulse 60. Resp. 12.

5. Pulse 64. Resp. 13. The tenderness of hypogastrium being still great, 8 leeches were ordered to be applied.

7½. Pulse 72. Resp. 16.

10. Pulse 70. Resp. 15. ⅛ gr. morphine given.

25th. 1 A. M. Pulse 80. Resp. 22. ⅛ gr. of morphine given.

3 A. M. Pulse 84. Resp. 10.

5 A. M. Pulse 92. Resp. 15. In a calm sleep.

7½. Pulse 82. Resp. 15. Awake.

9½. Pulse 84. Resp 16. Not so much tympanitis or pain on pressure—the leech bites had bled freely—no lochia and but little milk.

11½ Pulse 86. Resp. 15. Less pain in left iliac fossa.

1½ P. M. Pulse 90. Resp. 15.

3 P. M. Pulse 98.

5½ P. M. Pulse 120. Resp. 24. Skin hot and dry. ⅛ gr. morphine and 5 gtt. tr. ver. vir. given. Pain and tenderness in right iliac fossa.

7½. Pulse 120. Resp. 21. Skin burning hot. Has passed no urine since morning. Drew off ℥ 28. Gave 5 gtt. tr. ver. vir.

9. Pulse 126. Resp. 22. Stopped all stimulants, and gave ⅛ gr. morphine, and 5 gtt. tr. ver. virid.

11. Pulse 120. Resp. 16. 5 gtt. tr. ver. virid.

26th. 1 A. M. Pulse 108. Resp. 16.

3 A. M. Pulse 94. Resp. 16. Slight tenderness in hypogastrium.

5 A. M. Pulse 92. Resp. 15. Has been restless, but now is sleeping, skin dry.

7 A. M. Pulse 98. Resp. 18. Asleep, skin more moist.

9 A. M. Pulse 104. Resp. 18. Less tympanitis.

12 M. Pulse 108 Resp. 20.

1½ P. M. Pulse 108. Resp. 22. More tenderness, ½ gr. morphine.

3½ P. M. Pulse 104. Resp. 21. No tenderness, ¼ gr. morphine.

5½ P. M. Pulse 96. Resp. 16.

7 P. M. Pulse 98. Resp. 17.

9 P. M: Pulse 104. Resp. 18. ¼ gr. morphine.

11 P. M. Pulse 100. Resp. 20.

27th. 1½ A. M. Pulse 100. Resp. 19.

3 A. M. Pulse 108. Resp. 20. ¼ gr. morphine.

7 A. M. Pulse 94. Resp. 13.

9 A. M. Pulse 102. Resp. 19. ¼ gr. morphine. No pain, no tenderness, except a little over left iliac fossa, no lochial discharge.

11 A. M. Pulse 96. Resp. 14.

3 P. M. Pulse 108. Resp. 19. ¼ gr. morphine.

5 P. M. Pulse 104. Resp. 18. ¼ gr. morphine.

7 P. M. Pulse 106. Resp. 16.

10 A. M. Pulse 110. Resp. 16. ¼ gr. morphine, and 5 gtt. ver. vir.

28th. During the morning, the pulse varied from 100 to 112, and respiration from 12 to 18, veratrum viride and morphine controlling each respectively. In the afternoon, the pulse rose to 120, and respiration to 20; but, under the use of the same remedies, they fell, at 11 P. M. to 92, and 16. Pain and tenderness nearly gone, tongue red, and nearly clean; no lochia. During the 24 hours, she has taken five 5 gtt. doses of ver. vir., and 1½ gr. morph. in divided doses.

29th. The pulse all day about 100, though once so low as 80, seemingly reduced by ¼ gr. of morphine, respiration varying from 16 to 20. Bowels moved spontaneously in the morning; no tympanitis, a little uterine tenderness.

From this time, the patient convalesced continually, but slowly, in consequence of a milk abscess.

On looking over the case, we find that during the 22d, she took 2½ grs. of morphine; on the 23d, 1 4–6th grs. up to 9 P. M; after which, she took none till she recovered from her alarming symptoms. These symptoms are first noted at 7 A. M. of the 24th, 10 hours after the last dose of morphine, rather too long an interval for crediting them to the influence of that drug; previous and subsequent use showing that there was no idiosyncrasy with respect to its action. We also find that within the same period, she had taken 70 drops of the tr. of ver. vir., 50 of them within four hours; fully three times as much as would be called heavy dosing. Here, then, is surely cause enough for the production of symptoms of an alarming kind. But there are some which seem anomalous. The pulse is reduced to ⅓ its former frequency, but does not reach below 52, while the respiration falls to half its previous rate. To what is this last fact to be attributed? Can any of the credit be given to morphine given 10 hours before? Could morphine keep up its continuous influence so long? And yet if we say the veratrum alone affected the respiration, why was it not so affected in the highest degree at the same time that the pulse showed its greatest reduction?

In Dr. Wood's "Therapeutics and Pharmacology," the following sentence occurs: "An excessive action of the medicine is easily controlled by opiates and * * *." Is this true? Would not an opiate have killed this patient, even if "administered by enema," as he recommends "in cases of extreme nausea and vomiting?" Are not opium and veratrum different in their primary action on the system, the one affecting through the medium of the brain, the other by means of the sympathetic system? From a very frequent use of the two drugs in conjunction, the conviction that the one is an antidote to the other is impossible. Nor is this case alone the one from which this conclusion is drawn, but the notes of nearly forty cases, where the two were constantly used in conjunction, the one showing its power by its control of the circulation, the other by its effect on the respiration, are accessible to any one who desires to examine the question further.

A Case of Supposed Infanticide, with Remarks on the Hydrostatic Test.

By Charles F. J. Lehlbach, M. D.

No. 2.

The hydrostatic test, as a means of determining if a child, found dead, was still born, or whether it had lived, was employed as early as the commencement of the seventeenth century, and during a certain period was held in the same estimation of infallibility by the jurists and physicians of that day as it is by not a few at the present time.

Soon, however, doubts were raised regarding it. In the "*Institutiones Juris Criminalis*" of Ch. Koch, Jena, 1770, we read the following:

"Experimentum pulmonum: Hoc ita institui tradunt: ut pulmo caute ab arteria et venarum ramis separatus, integer, non in partes scissus, nec putrefactus, aquæ injiciatur, qui si nataret, partum respirasse; si subsideret, infantem non respirasse dicunt. Sed de hac re inter medicos, *quorum de ea judicium est*, nondum transactum est; deinde ex subidentia pulmonum certo concludi requit, quod infans

post partum non vixerit, et infanticidium comissum non sit. Potest enim post natuitatem aliquemdiu sine respiratione infans vixere." In English: "The pulmonic test: This is to be instituted as follows: That the lungs, carefully separated from the arteries and venous branches, integral, not cut into pieces, nor putrefied, are thrown into water; if they float, they say the child has respired, if they sink, that it has not respired. But regarding this subject, nothing has as yet been definitely settled among physicians, *whose business it is to judge about this matter;* hence, from the sinking of the lungs, it cannot with certainty be concluded that the child did not live after birth, and that infanticide was not committed. For an infant can, for a certain length of time, live after birth without respiration."

The difference between the lungs of the fœtus before birth, and those of animals after birth, as regards density, weight and color, was already known to Galen, and according to *Th. Bartholin's* statement in 1663, all anatomists were acquainted with the fact that lungs would sink before birth, and float in the adult.*

The first treatise on the subject was published as early as 1691, by *Schreier*, in connection with the first case of infanticide of which we have any knowledge that the hydrostatic test was resorted to. Other dissertations followed, in 1705 by *Schoepfer*, by *Zeller* in 1725, *Jo. Traugott Adolph* in 1764, and since then their number has increased by hundreds.

The first authenticated application of the hydrostatic test in criminal law* occurred in the year 1683, when, in a case of supposed infanticide, the medical witness, *Dr. Schreier*, resorted to it. In this case *Thomasius*, the celebrated jurist and philosopher, at that time Professor at Leipzig, acted as the defensor for the accused. He obtained the opinions of two eminent physicians, Rivinus and Lange, together with formal opinions of the Medical faculties of the Universities of Frankfurt on the Oder and Wittenberg. Here we already discover contrary opinions.

Both physicians, together with the Frankfurt faculty, pronounced in favor of the undoubted reliability of the experiment. The Wittenberg faculty, however, gave the following opinion:

"From the sinking of the lungs in water it can only be deduced, that the lungs had not inspired air, but it does not hence follow as a matter of course that the child had been dead already in the uterus, inasmuch as during and after birth a *living* child, before it respires, could be killed. For the child could continue to live without the uterus, for a certain length of time, in the following cases:

1. If, as is not unfrequently the case, children are born with motion and pulse, but do not respire, because the water or blood gushing from the uterus occlude mouth and nose, or when the air-passages and lungs are filled with mucus.

2. If the umbilical cord is around the neck.

3. If the os uteri is spasmodically contracted around the neck of a footling case, and thus the child is suffocated.

* It is the opinion of the celebrated natural historian Buffon, that it is probable that a new born child might sustain a privation of air for a considerable time, without losing its existence. "At least, the possibility of this I once seemingly confirmed, by an experiment on some young dogs. I put a pregnant bitch, just as she was about to litter, into a tub filled with warm water, where, after fastening her in such a manner that her lower parts were covered with water, she brought forth three puppies, which were accordingly received into a liquid as warm as they had left. After washing them in this water, I removed them, without giving them time to breathe, into a smaller tub filled with warm milk. In this they were kept immersed above half an hour, and when taken out they were all found alive. They began to breathe, and to discharge some moisture by the mouth; having allowed them to respire for half an hour, I again put them into warm milk, and left them a second half hour; at the expiration of which two of them were taken out vigorous and seemingly in no wise incommoded, but the third appeared rather in a languishing state. After allowing the other two about an hour to breathe, I put them once more into the warm milk, in which they remained another half hour; whether they swallowed any of this liquor or not, is uncertain, but on being taken out they appeared nearly as vigorous as ever. This experiment I never carried farther, but I saw enough to convince me that respiration is less necessary to a new-born, than a grown animal, and that it might be possible, with proper precautions, to keep the foramen ovale from being closed, and thus produce excellent divers, or different kinds of amphibious animals, which might live equally in air or in water."—(Male's Epitome of Juridical or Forensic Medicine,) in Tracts on Medical Jurisprudence, by Thomas Cooper, Esq., M. D., Philadelphia, 1819.

* Hencke.

4. If a child is born in its membranes, and these are not at once opened."

We have given this decision of the Wittenberg faculty, (1683,) in order to point out some of the objections which were raised simultaneously with the introduction of this test, and shall now proceed to consider the objections against the validity of the test, to determine, if possible, how far they are tenable, and whether or not the profession is at the present time justified in entertaining opposing and contradictory opinions regarding the subject.

Can the hydrostatic test furnish positive evidence that a child was still-born?

1. *If the lungs sink, it is not positive evidence that the child did not breathe.* Numerous cases are on record, where children have lived, breathed and cried for hours, and sometimes for several days, and where, after death, the lungs were found to sink; such cases were early reported by *Zeller, Bohn, Manchart, Heister, Torrez,*[1] who, in a memoir presented to the French Academy, reports a case, in which the lungs of a child sank, that had died on the twelfth day after birth; *Loder, Olburg, Koenigsdoerfer, Schmidt,* and *Osiander,* who reported the case of two male twins, born alive—one died two, the other thirteen hours after birth—both cried after birth tolerably loud and often, and kept whimpering until death. One weighed two pounds two ounces, the other two pounds twelve ounces Both were dissected in presence of those who had heard them cry, and it was found that the lungs of both, whole and cut in pieces, sank on repeated experiments.

One of the most interesting cases of the kind, is that reported by *Schenk,* in *Hufeland's Journal,* 1809, April number.

A fully developed, well-formed female child, weighing six and three-quarter pounds, and measuring nineteen inches, lived *four* days after birth, during which time it cried repeatedly, sometimes louder, sometimes softer. It suffered from feeble and incomplete respiration, against which all medical endeavors availed nothing. On post-mortem examination, the chest was found flat, the heart lay entirely bare, and the arch of the diaphragm extended far up into the thoracic cavity. The lungs were not at all expanded, but laying on both sides of the spinal column. The color of the right lung was yet dark brown (liver color,) throughout, and it could readily be seen that air had not penetrated into it. On the left lobe, at its upper portion, there was found a small streak, about two inches long and half an inch in width, the color of which was white-red: the rest was dark brown. Nothing abnormal or morbid was found by the physicians, except that the right lobe appeared somewhat large. When the hydrostatic test was applied, the lungs sank with and without the heart. Only the small reddish-white streak mentioned, showed a tendency upwards. On separating the heart from the lungs, the large pulmonary vessels were found empty and collapsed, the foramen ovale and ductus arteriosus open. The lungs were not cut in pieces; but in order to determine if the cause of the want of functional development was contained within them, an attempt was made to blow them up, which proved entirely successful, both lobes expanding in all their parts, and showed an extent and perfection which should have justified the expectation of a long usefulness. Justly Dr. Hencke finds this case especially remarkable:

1. Because it does not concern a criminal case, and hence there is no interest to conceal truth; the names of the parents, who had already lost three children, in a similar manner soon after birth, are mentioned; 2. the crying of the child was observed by the physician himself; 3. remarkable is the long time of four days, during which the child could live with respiration so imperfect; 4. the child was well developed, of full term; 5. the case is an additionally strong and interesting one, because it is reported, not by an opponent, *but by a zealous admirer of the demonstrative certainty of the hydrostatic test.*

Professor Bernt met with an instance, in which a seven month's child died *two* hours after birth, and when its lungs were submitted to the hydrostatic test, every fragment sank. (Taylor.)

[1] Hencke.

Remer has reported another case, in which the lungs sank in water, both entire as well as when divided, although the child had survived its birth at least *four* days (*Taylor fr. Hencke*).

Taylor himself adds two cases of his own observation (p. 327): "In one, the case of a mature male child, the lungs sank in water, although the child had survived its birth during a period of *six hours.* In the other, the case of a female twin, the child survived *twenty-four hours;* and after death the lungs were divided into thirty pieces, but not a single piece floated, showing therefore, that although life had been thus protracted, not one thirtieth part of the structure of the lung had received, from respiration, sufficient air to render it buoyant."

To these cases, I am enabled to add one which occurred in Newark, N. J., for which I am indebted to Dr. Geo. S. Ward.

A mature male child, born March 31st, 1859, at about 5 P. M., of German parents, died April 1st, at 7 A. M., fourteen hours after birth, it having cried, and, of course, respired. The lungs, on post-mortem examination, eight hours after death, were found of dark brown, liver color, dense, not crepitant, and, when placed into water, sank, whole and cut in pieces.

Other cases, of a similar nature, might be adduced, did the scope of this article permit.

Probably all those cases, which are recorded of children who have breathed and cried, and where yet the lungs sank, on submitting them to the hydrostatic test, were cases to which Dr. Jörg, of Leipzig, in 1835, has given the name of "*atelectasis pulmonum.*" "He considers that children, who are born after a very easy and rapid delivery, are subject to it, and thus it may be found in a mature as well as in an immature child. Any cause which much weakens the vital powers of a child, before its actual birth, may give rise to the occurrence of this imperfect dilatation of the lungs. In this way it may be due to long-continued pressure on the head during delivery, or to hemorrhage from the cord. All the causes of asphyxia in a new-born child, will, when operating only in a very slight degree, also produce this atalectasic condition. When only a part of the lungs becomes, in the first instance, distended, the child may not afterwards acquire sufficient strength to fill the remaining portions; it may thus live on for some hours or days, respiring at intervals, and becoming occasionally convulsed, in which state it will probably sink exhausted and die. Jörg has remarked, that those portions of the lung which are not speedily distended by air, afterwards become consolidated or hepatized, so that all traces of their vesicular structure are lost. The length of time which the child survives, will depend upon the degree to which its lungs have become dilated. This condition of the lungs is sometimes to be clearly traced to the diversion of the blood from these organs, by reason of the ductus arteriosus or foramen ovale remaining open after birth."[1]

Atelectasis, as far as the sinking of the lungs is concerned, may be either complete or partial. An instance of the latter is mentioned by Taylor; the case was that of a child, six months, supposed to have been destroyed by suffocation. The whole of the inferior lobe of the right lung was, so far as regarded color, density and structure, precisely like the lungs of a fœtus, no air having penetrated into it. The whole of the lung floated, but the inferior lobe of the right lung, when separated, immediately sank to the bottom of the vessel.

With such an accumulated mass of clear and incontrovertible testimony, which forces itself upon us, it is evident *that the sinking in the hydrostatic test does not prove beyond doubt that the child has not breathed.*

——o——

Chloroform in Midwifery.—Dr. Kidd states that in 1699 recorded deliveries in which chloroform was administered, "there was not the slightest accident or casualty traceable to the anæsthetic," and that in obstetrical practice there has not yet been one well authenticated death from it.

A writer in the *London Med. Times* says, that Mr. Simpson uses annually in his practice no less than from five to seven gallons of chloroform.

[1] Taylor.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MAY 23, 1860.

MEDICAL DEPARTMENT.—Service of Dr. Levick.

Acute Rheumatism—Chloride of Propylamine; Typhoid Fever, with Congestion of the Lungs, and great Nervous Disorder.

Acute Rheumatism—Chloride of Propylamine.—At our last clinic your attention was directed to the chloride of propylamine as a remedy in the treatment of rheumatism. I will now exhibit to you the patient for whom I prescribed it, and who was then laboring under an attack of acute rheumatism. She has steadily taken it, in doses of three grains, every two hours, (intermitting it at night,) and with the exception of a Dover's powder, a few nights since, has used no other medicine. On my visit the day after you saw her, I found her much more comfortable, as she expressed it, better than she had expected to be for a week or more, judging from her other attack. The only inconvenience she has experienced has been an unpleasant fullness of the head, which she attributes to the medicine. (The patient now walked into the room.) The improvement has steadily progressed, and you cannot fail to notice a marked change in the appearance of her joints, which are now nearly of their natural size. The only local application has been flannel covered with silk oil-cloth. Thus far our experiment would have seemed very successful; but, gentlemen, we must wait a little while before we can give a decided opinion as to what is to be the result.

Here is another patient who was placed on the use of the same medicine on Sunday last. She has long been suffering from chronic rheumatism, and I found her at that time with an acute attack supervening upon her chronic affection. The wrists and knuckles were much swollen and tense. She took the chloride of propylamine in three grain doses every two hours, and you will perceive that the swelling of the joints has much diminished.

Typhoid Fever, with Congestion of the Lungs and great Nervous Disorder.—This is a seaman, æt. 24. He left Philadelphia a few weeks since on his way to Rio. After being out at sea for a few days, the vessel was overtaken by a severe squall, and was disabled. After great hardship and exposure, they succeeded in getting into Norfolk, where this young man was soon after attacked with pain in his back and chest, severe headache and fever, which last has continued until this time. He has a deeply flushed face, a dry skin, and a bright red tongue; his breath is hot and sour; he is very restless and nervous, moaning as if in pain; his pulse ranges from 98 to 100, and readily yields to the pressure of the finger. The resonance of the chest is somewhat diminished, and the respiratory murmur is faintly heard, but is masked by sonorous and sibilant râles. His abdomen is slightly tympanitic; he has had no diarrhœa, nor has he had epistaxis. From his general condition, I was disposed to regard this as a case of typhoid fever, and I am confirmed in this view from the appearances found on the abdomen You have here, gentlemen, the characteristic spots of typhoid or enteric fever, and I wish you closely to notice them, for upon your ability to recognize them will often depend the certainty of your diagnosis. They are small lenticular spots, not pimples, slightly elevated above the skin, disappearing on pressure; are most conspicuous on the abdomen, though I have quite as frequently found them on the lower part of the thorax. They come in successive crops, last for a little while, then disappear, and are followed by others. They rarely appear before the sixth day, and frequently not until much later. This eruption, though not universal, certainly occurs in the vast majority of cases. In twelve typhoid fever patients treated by me in this hospital last summer, it was present in all, though in some of the cases it required a careful search to detect it, and in one instance there was but a solitary spot, and that hidden by the hair above the pubis. The spots are here in great numbers, as you can all see. Now, gentlemen, you should familiarize yourselves with the appearance of spots, and do not confound them, as I find so many students do, with petechiæ, and more rarely with sudamina. These last are not peculiar to typhoid fever. They may occur in any disease attended with febrile heat of skin, and with sweating. These sudamina are little vesicles, containing a clear liquid. They are rarely larger than the head of a pin, though in a case of typhoid fever under our care last year, the abdomen was covered with vesicles corresponding in every respect with sudamina, excepting that they were at least five times the usual size. This man had previously had a warm mustard bath, which may have favored the exudation of liquid. Sudamina are in no way confined to the abdomen. They may be seen or felt in various parts of the body, I think I have as frequently found them in the vicinity of the clavicles as elsewhere They are said by some writers never to appear on the face. I cannot tell how true this is. As respects their diagnostic value in typhoid fever, I have only to say, that of themselves they would have but little weight, but that taken in connection with other phenomena, they would tend to strengthen our suspicions of the existence of this disease. *Petechiæ* differ in every respect from sudamina, and are totally unlike the characteristic *red spots* of typhoid fever. They are in no way peculiar to this disease, and from my own observation, I should say

that they are very rare in typhoid fever. They are extravasations of blood beneath the cuticle. Unlike "the red spots," they do not disappear on pressure. They may and do occur whenever there is great depravation of the blood. We have in the long ward a seaman suffering from scurvy, whose abdomen is covered with petechiæ. Hence, too, they are not uncommon in cases of malignant typhus fever They do not, however, constitute the peculiar rash of ty phus fever, as many seem to think. The characteteristic rash of typhus is a rubeoloid eruption, appearing early, and covering the whole trunk. Mingled with this, and deeply significant, petechiæ may often be found. When I place my fingers as I now do, and make pressure in the right ileo-coecal region, a sensation is not unfrequently perceived, which is called *gurgling*, and resembles the hurried escape of air and water from beneath the hand. In this connection I must mention to you a caution I am glad to find contained in Dr. Tweedie's recent Lumleian lectures on this subject. He says: "It is well to be cautious in examining the abdomen, especially in the latter stages of enteric fever, in consequence of" "the tendency of the ulcerative process to spread in depth, and ultimately to perforate the bowel. The less, indeed, the bowel is disturbed, the better, and hence the necessity for abstaining from aperients on the one hand, and *for avoiding rough external pressure on the other.*" This latter caution especially applies to the distended intestine, whose integrity might be destroyed by any rough pressure. In this instance there is no gurgling, and from its presence in many other diseases, and its frequent absence in this, I long ago learned to look upon it as of little diagnostic value in typhoid fever.

There are, indeed, in this case absent certain symptoms which are frequently present in typhoid fever. Its mode of invasion was abrupt. This is not the case in the majority of cases, as we see them here. There has been no epistaxis, which is a frequent attendant of this fever. There had been no diarrhœa at the time of his admission, which is not usually the case in this fever. And yet I had scarcely a doubt from the first that this was a case of typhoid fever. The severe headache, the peculiar dull flush of the face, the "feel" of the skin, the dry and glazed tongue, the sour breath, the great restlessness and nervous disorder, the tympanitic condition of the abdomen, the sonorous and sibilant râles heard throughout the chest, left no doubt in my mind as to the nature of the case, even before the diagnosis was confirmed, as it now is, by the copious typhoid fever eruption which has come on since I last saw him.

In the way of treatment, the first medicine given was a dessertspoonful of castor oil. I had two objects in view in prescribing the oil. The first was to remove any fæcal accumulations which might exist in the bowel, and which have a locally irritant effect, while their effect is depressing upon the system. I never like to begin the treatment of a case of fever which must run a certain protracted course, without emptying the intestine, not by a harsh cathartic, but by a mild laxative, such as oil. After this, unless there be protracted constipation, I rarely give a cathartic of any kind, and do not trouble myself or the patient if he should not have a daily alvine evacuation. I have never believed that it was necessary to open the bowels every day, or even every second day, when they had been thus acted on in the beginning, and while the patient was suffering from this disease.

The second object in view was a sort of experimentum crucis. If this were a case of miasmatic fever, two teaspoonfuls of castor oil would scarcely open the bowels, if at all. On the other hand, were it a case of typhoid fever, with its enteric association, we should certainly have one, and perhaps two or three, stools produced The test was decisive, three evacuations having been produced. In this connection, let me remind you that the passages from the bowels in typhoid fever differ greatly from those of remittent bilious fever. The latter are of a dark color and unnatural appearance; those of typhoid fever, though rather more liquid, *are very nearly natural* in their appearance, perhaps a little lighter shade of color, but very nearly natural. Bear this in mind, for I well remember being called to a case of fever which it was said could not be typhoid because the stools were natural.

The next symptom which claimed our attention was the excessive restlessness of the patient, and the aching pains in his back and limbs, of which he complained. These pains, though not always present, are frequently so, and greatly increase the discomfort of the patient. I recall an instance in which they were the prominent subject of complaint. They are not the pains of inflammation, but of nervous disorder, and may be certainly alleviated by the administration of the solution of sulphate of morphia and sweet spirit of nitre, a simple but very valuable combination. If this be given at night, it is best that it should be a full dose, two teaspoonfuls of the morphia solution with one of sweet spirit of nitre, in a little water. Less than this quantity will sometimes keep the patient awake; but, if I mistake not, you will be delighted at the comfort afforded by the dose I have named. It may be that the same results might be attained by Hoffman's anodyne, but you cannot be so sure of them. If given in the day time, a teaspoonful of the solution of morphia may be exhibited, and another subsequently, if the first be insufficient.

In this instance the combination I have named was administered as soon as the bowels had been freely opened, and with great comfort to the patient, giving him a good comfortable night's rest. Subsequent to this I prescribed one grain of blue mass, one-sixth of a grain of ipecac. and one-sixth of a grain of opium, every two hours. You may, perhaps, be surprised that I should administer mercury in this disease, and it is but right that I should give my reasons for doing so. Our patient's skin was hot and dry, his tongue dryish and of a bright, beefy, red color, presenting very much the hue which we have in acute gastritis. Pressure on the epigastrium was attended with pain. The use of this combination, under such circumstances, was taught me by my preceptor, Dr. Wood, and I learned its value from the observation of a large number of cases under his care in this hospital. It is not in every case of typhoid fever that it is needed, but when the phenomena which I have mentioned exist. Nor is it to be continued for any great length of time; just as soon as the symptoms I have named subside, it will be relinquished. To salivate the patient is furthest from our intentions, and the mercurial will, no doubt, be omitted before the patient is again brought before you. But the same objection does not apply to the mercury in the treatment of typhoid fever that does to its use in typhus. In the latter, great depravation of the blood is an almost necessary attendant, while many cases of typhoid fever run their whole course without exhibiting any evidence of such depravation.

While adopting this course of medication, what food shall we allow our patient? In deciding this point, we must bear in mind the previous history of the case. Here is a young man who has endured great hardship, and deprivation at sea, after the wreck of his vessel, and who, for more than a week past, has been lying in his bunk, with little or no food. Now, gentlemen, I wish to impress on you an important fact in the treatment of the sick, which I fear is too much lost sight of; it is that food is as necessary for the sick as it is for the well. I fear there have been not a few instances in which, from a neglect of this, patients have actually starved to death, or a train of symptoms been produced which have gone on to a fatal termination. The patient, not feeling the need of food, or with his perceptions and faculties so blunted by disease that he does not call for it, is allowed to pass hours, if not days without food, or is fed, with the innutritious slops which, unfit for the well, are even more so for the sick. Dr. Graves, long ago, called attention to this subject. In his valuable lectures on fever, he says, "long continued denial or want of food generates the symptoms bearing a very close resemblance to those which are observed in the worst forms of typhus." I cannot do better than recommend to your careful perusal the entire chapter on this subject, which may be found in the fourth lecture of his invaluable course on clinical medicine. He warns us, however, against an opposite error which may be fallen into—that of overloading the stomach or of giving unsuitable food. When I told you that food was as necessary for the sick as for the well, I, of course, did not mean that the same kind of food or the same quantity was alike required. The utmost discrimination is to be used, both as regards the kind of food and the mode of administration. I cannot recall an instance in which any untoward symptom has followed the cautious administration of milk or of chicken broth, even as early as the close of the first week of typhoid fever; while I can recall numerous instances in which we could trace an improvement almost coincident with the administration of such food. So it is in various other diseases—in the summer complaint of children, in the debility of feeble parturient women, in erysipelas, in some cases of pneumonia, in adynamic dysentery, and in many other disorders.

So, too, with the early, cautious administration of wine-whey. Do not wait until the patient has got into that condition in which, as the books express it, "symptoms of prostration present themselves," when stimulants are imperatively demanded; but so supply food and gentle stimulation that your patient will not fall into this condition from which it sometimes happens that all stimulants are unable to raise him. If milk be given, do not give a large quantity at once, which may form a tough coagulum in the stomach or in the bowel, and thus produce irritation, if not mechanical injury there. Let it be given to the amount of one or two tablespoonfuls, or at most a wineglassful at a time, and let this be repeated as often as may seem needed. Or if broth be given, let the patient take it in quantities of a wineglassful, repeated every hour, as may be required. Remember that what I have said applies not to the advanced stages of the disease, when the demand for stimulants becomes obvious to all, but to the earlier periods of the disease, when, too often, the patient is scrupulously kept on a very low diet. You would know if the course you were pursuing was correct or otherwise by the resulting phenomena. If, under the use of these articles, the tongue become dryer, the skin more pungently hot and dry, the pulse more excited, and symptoms of wild cerebral excitement present themselves, you must, for a time at least, diminish or omit them; but if, as will generally be the case, you find your patient's tongue becoming more moist, his skin relaxed and velvety, the volume of the pulse becoming fuller while its frequency diminishes, and a quiet, gentle calm taking the place of nervous wretched-

ness or of low delirium, you will know that you are right and will continue as before.

This has been the course adopted with this patient. We have given him, from the first, small but frequently repeated supplies of milk, and as it is difficult at this time of the year to get tender chicken, suited for broth, we have given him beef tea, (not beef essence, which is much more stimulant, and which he does not need,) to the amount of a wine-glass every two hours during the day. He has not yet seemed to need wine-whey, but I think it not unlikely we may give it to him in a day or two.

There is in his case a strong tendency to congestion of the lungs and to pneumonia. I have, on another occasion, told you that in many instances this is what is called hypostatic pneumonia, produced by the gravitation of the blood, in an enfeebled state of the circulation, to the most depending part, that is to the back part of the lungs. We endeavor to prevent this by frequently changing the position of the patient, and with this man, we have also covered the back of the thorax with cloths saturated with oil of turpentine, as counter irritants.

You shall hear from him at our next clinic.

EDITORIAL DEPARTMENT.

Periscope.

Laryngoscopy.—It would appear that M. Czermak, Professor of Physiology at Pesth, is at present in Paris, where he gives demonstrations of his laryngoscope. The instrument consists of a concave mirror, somewhat like that used with the ophthalmoscope, but larger and more curved, though likewise pierced by a small central ocular hole. A lamp, placed behind or by the side of the patient to be examined, and on a level with his mouth, sends its rays to the mirror, which reflects them into the fauces of the person to be examined. When the patient has his mouth wide open, and the tongue is depressed with a spatula, the surgeon introduces, with great care, below the uvula, a little mirror, the back of which is in contact with the uvula, and placed like that used by dentists when they wish to examine the posterior aspect of the incisor teeth. The little mirror is fixed to a long, thin, and somewhat slanting stem, so that its axis may not be the same as that of the mouth, the plane of the mirror presenting with the stem an angle of 45°. Supposing the patient obedient, and already accustomed to the hardly inconvenient presence of the mirror between the pillars of the palate, rays of light enter the mouth horizontally, and reach in the fauces the plane of the mirror of 45°, which reflects vertically from above downwards. All the parts situated in the course of these reflected rays are thus most vividly lighted. This mechanism is certainly simple; and when the larynx is widely opened, in the act of inspiration, and the epiglottis thereby raised, both these parts are seen in the mirror in the course of the incidental rays. The larynx is brought into view on the produced horizontal axis of the mouth, opposite the observer, in virtue of the equality of the angles of incidence and reflection. The parts composing the larynx are, of course, seen upside down, so that the portion of the larynx which is the nearest seems the furthest, and *vice versa*. The image is, however, not exactly reversed like that of the ophthalmoscope, for what really lies on the right remains on the right, and so of the left; the inversion only takes place from before backwards, and with regard to the plane of the laryngeal mirror, considered as a symmetrical plane.

It will be perceived that the mechanism is very simple as to physics; but its practical application is really wonderful. Those who have not witnessed the experiments, can hardly imagine the width which the expansion of the opened larynx assumes, and the readiness with which it seems to come into view. The larynx is so completely and so easily seen, that one is led to feel some doubts, and to remain wondering at the sight of an organ generally concealed from us, and which usually reveals its presence only by the production of sound.

But doubts soon vanish when the patient utters sounds, for the chordæ vocales, by opening and closing, at once proclaim the mechanism of the voice. The slit of the glottis, made up by the lower vocal cords, is seen in the mirror, which slit opens according to the difference and intensity of the sounds, exactly like a pair of scissors, the top of which is turned towards the observer.

When the opening is gaping, the cylinder of the trachea is seen, and with quiet and well trained patients the eye can penetrate as far as the bifurcation of the trachea.

Physiology will gain immensely by this laryngoscope, and there is no doubt pathology will have its turn. Germany may justly be proud of the invention of the ophthalmoscope, and of the instrument we have just described from an article in the *Gazette Médicale* by M. Giraud-Teulon.

M. Czermak has afforded opportunities of studying the laryngoscope by placing it in his own mouth, and has even contrived an additional mirror, with which it is possible to view one's own larynx. Already, amongst M. Vigla's patients, has a case of aphonia been examined, where it was found that the inability of forming sounds depended, not on ulceration, but on thickening of the superior ligaments.

In concluding this sketch of the laryngoscope, we are anxious to remind our readers that the idea of the instrument originated with Liston, and mention should also be made of the very ingenious apparatus which was devised by the late Mr. Avery for examining various canals of the human body —(*Lancet.*)

Intestinal Croup in Children.—The formation of false membranes in the intestinal canal, though of somewhat rare occurrence, cannot be classed among the pathological curiosities. Dr. Clemens, of Frankfort, has endeavored to establish the similarity between tracheal croup and this affection of the intestines, which he names intestinal croup, and in the *Journal fuer Kinderkrankheiten* (No. 1 & 2, 1860.) publishes observations on the subject, which are reviewed in the *Gazette Hebdomadaire*, April 13th.

Dr. Clemens is of opinion, that intestinal croup occurs much oftener than is thought, and might frequently be discovered on careful examination of the alvine excretions. In none of the cases observed by him, was tracheal croup existing with the intestinal croup. The latter always presented the character of slight local difficulty. Its essential feature is the expulsion of false membranes with the stools, and these false membranes are reproduced in much greater abundance, than in the diphtheritic inflammations of the air passages. They may even exist in sufficient quantity to obstruct the passage of the fæcal matter; he cites an instance, where this was undoubtedly the case, in an infant, which, from a most alarming condition passed suddenly into almost perfect health, after having voided an enormous mass of pseudo-membrane.

When the affection occupies the small intestines, which is most frequently the case, it is always accompanied with diarrhœa, and often with vomiting. As croup of the respiratory mucous membranes is preceded by a catarrhal inflammation to the intestinal.

There is considerable fever, with nocturnal exacerbations; at the same time the patient presents that grave and rapid change so common in intestinal affections of first childhood. As the disease advances, emaciation and prostration often become extreme, but the patient recovers with great rapidity as soon as the formation of false membrane has ceased. Sometimes the appetite and the general health does not appear to be interfered with during the whole course of the disease. The administration of purgative doses of calomel has a powerful effect in arresting the disease; and Clemens supposes that this is mainly due to the coming in contract of the calomel with the diseased intestinal surfaces.

The author states that the disease is not unfrequent in cattle and hogs.

We have taken much pleasure in laying these facts before our readers; yet we cannot conclude without protesting against such a tremendous misnomer, as "intestinal croup;" considering that "*croup*" refers to the respiratory sounds, it seems to us rather a bold stretch to bring it in juxtaposition with the intestines. Why not call it intestinal diphtheria, as has been done by other authors?

Death following an Operation for Retained Menses from Imperforate Os Uteri.—Dr. J. B. Brown, of London, reports in the *Lancet*, the case of a girl, aged sixteen years, who had never menstruated, but presented monthly evidences of the menstrual period, as pain in the back and abdomen, without, however, any external appearance. She had the usual marks of well developed puberty, and was tall and well formed, but her sufferings were very severe, and her health failing.

On examination, the vagina was found to terminate in a cul-de-sac, and the os uteri could not be felt. By examination through the rectum, the uterus could be felt increased in size, tense, and fluctuating.

The operation was performed by introducing a pair of sharp pointed scissors into the vagina, guarded by the finger, and pressed through the obstruction. A quantity of thick dark fluid immediately escaped. Pressure was made on the uterus by introducing one finger into the rectum and making counter-pressure on the abdomen. About a pint and a half of thick fluid flowed out.

On the second day, tenderness of the epigastrium and vomiting came on, and the general symptoms of peritonitis increased until death followed.

The autopsy showed peritonitis in the neighborhood of the uterus. The puncture had been made into the os uteri.

Pulmonary Osmosis has been made the subject of a series of physiological experiments by M. J. Mandle, who communicated the results of his labors, a short time since, to the Academie des Sciences. The principal conclusions at which he arrives are: 1. The life of animals respiring in water is incompatible with the presence of a greater or lesser quantity of saccharine matter in the water. 2. The rapidity with which such solutions act depend upon the quantity of the solution, the quantity of the sugar, and the species of animal. 3 Numerous observations have demonstrated that death can be attributed neither to the absence of air, nor to the fermentation, nor to a chemical action upon the blood, but that it is due solely to the osmotic action (endosmosis and exosmosis) of saccharine solutions. 4. This action takes place in all permiable membranes, and particularly those of respiration. 5. In higher animals, in which the density of the tissues limits the osmotic action principally to the gills, the blood is found to condense from exosmosis of its fluid parts, until the circulation ceases. 6. The circulation in the lungs of the frog can be arrested instantaneously by adding a drop of glycerine to the water in a limited space, or in a few minutes, if syrup or sugar is used. 7. The elements which pass from the blood into the saccharine solution are, first, water charged with salts, afterwards albumen, lastly, the coloring matter. 8. Several physiological and pathological phenomena find their explanation in the osmosis caused by saccharine substances; thus f. i. the thirst produced by the ingestion of sugar, which absorbs the water from the tissues, with which it comes in contact; the preservative, antiseptic qualities of sugar, by the arrest of development of organized beings; the digestive power of small quantities of sugar, which provoke exosmosis of gastric juice, while large quantities introduced into the blood, increase the osmotic power of this fluid, which allows us to understand the use of these substances in the treatment of dropsies. The abundance of glucose in all the tissues of diabetic patients, explains the constant thirst, the impossibility of serous accumulation anywhere, and perhaps, also in consequence of the arrest of circulation in some parts, the gangrene sometimes observed in this disease. Finally, the topical use of glycerine is based upon the great osmotic power of this substance.

Subcutaneous Injection of a Solution of Atropine in Tetanus.—While this form of medication is now attracting much attention, it becomes our duty to record such clinical facts as bear upon the subject.

In one of the recent meetings of the Société de Chirurgie, at Paris, we are informed by the *Gaz. Hebdomadaire*, a case of traumatic tetanus was reported, occurring in the practice of a distinguished provincial physician, Dr. Pescheux, in which this treatment proved entirely successful.

The patient had received, from the fall of a chimney, among other injuries, a complicated fracture of the leg. All went well, until the fifteenth day, when the patient was attacked with trismus, opisthotonos, and finally complete dysphagia. For five days all medication proved inefficient. The woman was dying, when Dr. Pescheux conceived the idea of practicing a subcutaneous injection of sulphate of atropine on the median line of the nape of the neck. It was done; the symptoms of atropine poisoning became very well marked; when these subsided, the tetanic symptoms also had almost completely disappeared; deglutition became easy, the rigidity of the muscles was much lessened. In the evening, another injection dissipated what remained of the tetanic symptoms.

Reviews and Book Notices.

Transactions of the Medical Society of the State of New York, for the Year 1860.

In bulk, this volume is weaker than some of its predecessors; its matter, however, as far as we have been able to judge, is of the same interesting and practical character for which the transactions of this society have been noted.

The introductory address by the President, Dr. B. Fordyce Barker, forms, as a matter of course, the first article. It is a short address, chiefly devoted to a discussion of some of the prominent measures before the profession in New York, and we notice with pleasure the absence of those stereotyped phrases, quotations, and illustrations, of which introductory addresses are generally made up.

Notes on New Remedies, by Edward R. Squibb, M. D., is the second paper, written by a practical and scientific pharmaceutical chemist and physician; it is of interest to both professions.

The report of the Committee on City Milk, New York, by S. R. Percy, M. D., is commu-

nicated by the Academy of Medicine, and at once brings back to our mind the great swill milk excitement. The report gives full and comprehensive information of the chemical and microscopical composition of swill milk; and the lithographs accompanying the paper are creditably executed.

Hypodermic Medication, by James M. Sturdevant, M. D, of Rome, is the title of another paper, in which the author relates three cases of neuralgic and nervous affections; subcutaneous injection of morphia was resorted to—not, however, to the affected nerves, but to produce the anodyne effect of the drug upon the system generally.

The next paper is, *On the General Pathology of the Skin and its Treatment, by means of warmth and moisture*, by Benjamin Lee, M. D., physician to Demilt Dispensary. The superiority of the simple water-dressing over poultices and ointments, is fully set forth and sustained by the authorities of Mütter, Liston, Williams, etc. The prevention of evaporation from the cutaneous surface is alluded to as of essential service, not only in the treatment of local cutaneous disease, but also in subjacent visceral and articular inflammation "Hence the efficacy of the envelopes of carded wool, and of cotton saturated with alkaline lotions, in inflammatory rheumatism and gout; hence the relief obtained in whooping-cough and phthisic by the use of a chest protector; and hence the very beautiful treatment introduced into Bellevue Hospital by Dr. Alonzo Clark, of New York, of causing patients affected with acute pneumonitis and capillary bronchitis to wear a jacket of oiled silk next the skin. In all these cases, the cutaneous action is restored, and its temperature reduced, in a remarkable degree, to the great and speedy relief of the laboring lungs beneath."

Dr. Daniel Holmes, of Canton, Bradford county, Pennsylvania, communicates a case of *Fracture of the neck of the femur within the capsule, with bony union within fourteen weeks and three days.* The latter fact in this case was established by post-mortem examination.

Then follow a number of short papers of which we give the titles:

Extirpation of the Eye; by John Ball, M. D., Surgeon to the Brooklyn Eye and Ear Infirmary.

Exophthalmia: reported by T. H. Squire, M. D., Elmira, N. Y.

Gun-Shot Wound, within the Cavity of the Thorax; by Sylvester D. Willard, M. D., Albany.

Gun-Shot Wound; by N. C. Husted, M. D., New York City.

Tumors; by Hiram Corliss, M. D., Washington county.

Case of Direct Inguinal Hernia; by Charles Barrows, M. D., Clinton, Oneida county, New York.

Quadruple Births; by A. Goodman, M. D., Salisbury Mills, Orange county. (An account of this case will be found in another part of this number.)

Report of two cases of Extra-Uterine Pregnancy; by John Swinburne, M. D., Albany.

Facial Paralysis; by Franklin Evarts, M. D., Oswego.

Recurrent Measles: severe Pulmonary Disease and Derangement of the General Health in the Interval; by Nelson Nivison, M. D., Schuyler county.

The rest of the volume is made up of various business communications from district societies, reports of committees, biographical and necrological notices, and a list of the members.

The Institutes of Medicine. By MARTYN PAINE, A. M, M. D., LL. D., Professor of the Institutes of Medicine and Materia Medica in the University of the City of New York; Corresponding Member, etc. etc. etc. Fifth edition. New York. 1859.

A new edition of this voluminous work is before us. Probably most of our readers are familiar with some of the peculiar theories of Professor Paine. He is yet a stout advocate of *solidism* and *vitalism*, the inflammatory origin of tubercle, etc. As a book of reference, regarding all the diverse physiological theories exploded and in vogue, from the beginning of medicine to the present day, the work is invaluable. As an instructor for the student, it has been superseded by the matter-of-fact philosophy of the last thirty years, by our Daltons, Bernards, Virchows, and Todds.

Record of Private Practice.—Mortuary Record of Troy, 1858, 1859. By THOMAS C. BRINSMADE, M. D.

This valuable paper is reprinted from the Transactions of the New York State Medical Society, for 1860.

Dr. Brinsmade has long been known as an indefatigable advocate of the importance and necessity of collecting medical statistics. The tables of his reports are models of their kind, and should be adopted by every practitioner throughout the country.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JUNE 9, 1860.

ANÆSTHESIA IN DENTAL SURGERY.

The use of anæsthesia does not seem to have become general in the dental profession, and at a recent meeting of the Pennsylvania Association of Dental Surgeons, some of the most eminent of its members expressed an opposition to anæsthesia in dentistry. For this opposition, various reasons were given—some evincing a want of experience and ignorance concerning the subject; others expressing a fear of dangerous consequences; and objections were also made to the inconvenience of the practice, occupying much time without equivalent profit.

Perhaps the practice of anæsthesia in dentistry has been most influenced by these latter considerations. Some dental operations are quite as painful as many in which, under the hand of the surgeon, anæsthetics are always administered. It is true, that, however intense at the time, the suffering is usually of short duration; but this is rather an argument in favor of their administration, as the insensible condition need be less protracted.

But the question of anæsthesia in dental operations seems to be, we think, more decided as a question of policy or convenience to the operator than by a regard for the avoidance of suffering. It is true, that the time occupied by etherizing a patient, with the frequent delay in restoring consciousness and reviving him, so that he is able to walk away from the operating room, must be a serious tax on the dentist, particularly as patients may not be disposed to compensate him properly for such loss of time. Other annoyances, as the excitement and resistance often exhibited, requiring assistants to restrain, and the occasional occurrence of vomiting while the patient is in the operating chair, or on the couch, may be so great as to deter dentists from the use of anæsthetics.

Administering anæsthetics to female patients, if unaccompanied, as they often present themselves, cannot be favorably thought of, since it is established by a legal precedent that the testimony of a female, as to the dreamy impressions or vague recollection of what occurred in the lethean state, is valid as evidence.

It is hoped that the most of these objections may be overcome, and that the resort to anæsthesia in painful dentistry, will become as universal as in general surgery. Confidence in its safety will soon prevail among the public, and a proper compensation for time and attention will, if demanded, be gladly paid by all who are sensitive to pain.

From the remarks of some speakers at the meeting alluded to, which is reported in the *Dental Cosmos*, we infer that dentists will have to rid themselves of much prejudice before the general adoption of anæsthetics in their painful operations. We consider as trifling, or as evincing timidity and an ignorance of their physiological action, many of the objections offered to their application to dentistry. One of the speakers, who takes a very æsthetic view of anæsthesia, said, that "his principal reason for not using ether is, that it contaminates the atmosphere of the operating room to an extent which makes it disagreable alike to patients and himself." Another, who would much rather inflict pain than suffer it, "finds anæsthetics needless in his practice, as patients submit to operations with as much willingness without them, as they did when they were employed." Perhaps he thinks that from his long practice on them, his patients have, like eels to the flaying operation, become "used to it." He appears to doubt the existence of veritable anæsthetic agents; "he considers that much of their effects, or rather freedom from pain ascribed to operations, was due to the impression made upon the minds of the patients, they being well assured that the operation would be a painless one." This psychical rationale of the action of anæsthetics is recorded for its originality.

The same speaker said that he "never exhibited them without dread; indeed, would, under no consideration, take them himself, unless he had first made his will." He also objects to their administration, because poor people's teeth will ache at times which suit

him best; "patients come at unseasonable periods, when he is otherwise engaged, and he thus has had hours taken up in administering an anæsthetic without compensation."

The pain incident to operations on the teeth first impressed the great advantage of a safe means of relieving it, and led a dentist to experiment with various substances with this object, until the great discovery of etherial anæsthesia was made; yet, although the world is indebted to a member of the dental profession for this, to human suffering, the greatest of all discoveries, it is evident that the use of ether in dental operations needs more intelligent attention, and confidence in its safety, than it has yet received from that profession. It is no credit to the profession which claims the honor of conferring on humanity the greatest boon of science, to have the merits of anæsthesia so triflingly treated by one of the most influential dental organizations.

Editorial Correspondence.

New Haven, Conn., June 5, 1860.

My dear REPORTER:—It will be impossible for me to do more than make a few general observations in regard to the meeting of the American Medical Association, which met here to-day. This is less to be regretted, as your full report of the proceedings next week will make up for any deficiencies in communications I may send you.

I left Philadelphia at 9 o'clock, on Monday, and after a pleasant ride through New Jersey, New York city, and along the northern shore of Long Island Sound, arrived here at 6 o'clock in the afternoon. On the way, I met numerous delegates from every part of the United States. I would here remark, that the conduct of the New York and New Haven Railway Company, who furnished all the delegates and their families with return tickets free of charge, was in strong contrast with the illiberality so characteristic of the Camden and Amboy Company, through New Jersey, which exacted full fare from all that passed over its road.

On arriving here, I found the hotels all overflowing, and the landlords resorting to the expedient of quartering their guests on the people of the town. It fell to my lot to be quartered at the house of Mrs. Morgan, No. 4 College street, where we were very pleasantly accommodated. This, I fancy, was the experience of most of the delegates, and, so far as I have heard, it is the unanimous verdict, that the citizens of this City of Elms are doing themselves very great credit by their devotion to the comfort and convenience of the members of the Association. The readers of the REPORTER are aware that the Association meets here at an inopportune time, as the Legislature of the State—which meets here once in two years—is now in session, and of itself is sufficient to fill all the public houses of the town. However, the Association is made none the less welcome, and all are vieing with each other to make our visit agreeable, and I predict that their efforts will be crowned with "eminent success."

The plans of the Committee of Arrangements for receiving and accommodating the delegates are very perfect. Each delegate is furnished with a pocket manual, containing the Plan of Organization of the Association, the names of the officers, etc , with a description of the town, etc.—also, programme of proceedings, cards of invitation to ten evening receptions, an excursion to East Rock on Friday, etc.

Among others here, I see several well-known hangers-on to the Association—notoriety seekers, who are a disgrace to it and to the profession—men who, instead of being humbled by a severe rebuke they received two years ago, thrusted themselves forward at the meeting in Louisville last year into prominent positions, and appear here with elaborate reports to be presented to the Association. If I am not mistaken, however, these gentlemen will meet with rather a cool reception. It is rather too near home for them to shine with undimmed lustre. The fact that such men can be put forward as representatives of the profession of the country, is an unpleasant feature of the Association, which should be frowned upon by all who wish well to it—and my word for it, *it will be done.* I see strong indications of it here.

It would be premature now to say anything in regard to the nominations for officers for the current year; but, from what I can hear, I presume that the choice of the Association for President will fall upon Dr. ELI IVES, of this city.

There will be some important business before the Association, among which will be the report of the committees of conference of the Association and the Colleges on the subject of Medical Education and the second degree in medicine, proposed by what are called the "New Jersey Resolutions." I fear, however, that on this subject the Association is not yet prepared to come to any practical result.

The Association was promptly called to order at 11 o'clock by Dr. Henry Miller, of Louisville, President. Some three to four hundred delegates answered to their names, and many others arrived during the morning session. The Committee on Nominations was appointed, consisting of one delegate from each State represented, which means from nearly every State in the Union. The order for business at 3 o'clock this afternoon, is the reading of the President's address, which being on a medico-legal subject, an invitation has been given to the members of the Legislature to be present. B.

News and Miscellany.

The Convention of Superintendents of Hospitals for the Insane, which was held last week, in this city, was largely attended The meetings were held in one of the rooms of the Continental Hotel. Many interesting papers were read and discussed. The following members were present during the session :

Dr. Andrew W. McFarland—Illinois State Hospital for the Insane, Jacksonville, Ill.

Dr. Jno. Waddell—Lunatic Asylum, St. John, N. B.

Dr. D. Tilden Brown—Bloomingdale Asylum, New York City.

Dr. Wm. Henry Prince—Third State Hospital for the Insane, Northampton, Mass.

Dr. Thos. S. Kirkbride—Pennsylvania Hospital for the Insane.

Dr. Henry M. Harlow—Insane Hospital for the Insane, Augusta, Me.

Dr. O. C. Kendrick—Northern Ohio Lunatic Asylum, Newburg, Ohio.

Dr. W. H. Rockwell—Vermont Asylum for the Insane, Brattleboro', Vt.

Dr. George Cook—Brigham Hall, Canandaigua, N. Y.

Dr. J. H Worthington—Friends Asylum for the Insane, Philadelphia.

Dr. Jno. Fonerden—Maryland Hospital for the Insane, Baltimore.

Dr. H. A. Buttolph—State Lunatic Asylum, Trenton, N. J.

Dr. R. Hills—Central Ohio Lunatic Asylum, Columbus, Ohio.

Dr. Isaac Ray—Butler Hospital for the Insane, Providence, R. I.

Dr. John S. Butler—Retreat for the Insane, Hartford, Conn.

Dr Jos. A. Reed—Western Pennsylvania Hospital for the Insane, Pittsburg.

Dr. Jas. S. Athon—Indiana Hospital for the Insane, Indianapolis, Ind.

Dr. T. R. H. Smith—State Lunatic Asylum, Trenton, Mo.

Dr. S. W. Butler—Insane Department Philadelphia Hospital.

Dr. John E. Tyler—McLean Asylum for the Insane, Somerville, near Boston, Mass.

Dr. W. A. Cheatham—Tennessee Hospital for the Insane, Nashville, Tenn.

Dr. W. Schipley—Kentucky Western Lunatic Asylum, Lexington, Ky.

Dr. C. H. Nichols—Government Hospital for the Insane, Washington, D. C.

Dr. John Curwen—Pennsylvania State Lunatic Hospital, Harrisburg, Pa.

Dr. J. M. Cleveland and Dr. L. A. Tourtellot—Representing the New York State Lunatic Asylum, Utica.

Dr. Edward Hall—New York Criminal Insane Asylum.

Dr. Wm. H. Stokes—Mount Hope, Baltimore.

Dr. Edward R. Chapin—King's County Lunatic Asylum, Flatbush, L. I.

Dr. Benjamin Ogden—Sanford Hall, Flushing, L. I.

Dr. E. H. Van Deusen—Michigan Asylum for the Insane, Kalamazoo, Mich.

Dr. J. P. Bancroft—New Hampshire Asylum for the Insane, Concord.

Dr. Joseph Workman—Provincial Lunatic Asylum, Toronto, C. W.

The officers of the meeting were:

President—Andrew W. McFarland, M. D., Jacksonville, Illinois.

Vice President—Thos. S. Kirkbride, M. D., Pennsylvania Hospital for the Insane.

Secretary—Jno. Curwen, M. D, Harrisburg, Pa.

Treasurer—Jno. S Butler, M. D., Hartford, Conn.

The following gentlemen, having charge of institutions for feeble minded children, were present by invitation :

Dr. Parrish, Media ; Dr. Wilbur, Syracuse, N. Y.; Dr. Rodman, Kentucky.

And also present by invitation :

Gen. Allan McDonald, Sanford Hall, Flushing, L. I.; Rev. Dr. Adams, Chaplain of the East Kentucky Lunatic Asylum ; Dr. Geo. F. Shrady, of New York.

Dr. Edward Jarvis, of Massachusetts, read a paper on the proper arrangement of private institutions and asylums for the insane, which caused considerable discussion, some of the members taking strong ground against private establishments for the insane, because but few could be benefitted by them, and as liable to abuse.

A paper on inebriety as a form of disease, was read by Dr. Harlow, of Augusta, Maine.

Dr. McFarland read a paper on attendants in hospitals for the insane.

Dr. Ray, of Providence, Rhode Island, read a paper on mental hygiene.

Dr. Workman, of Toronto, C. W., read a paper on the pathological anatomy of general paralysis.

Dr. Worthington, of Friends' Hospital for the Insane, read a paper on a particular form of insanity, for which the term congestive mania has been proposed.

Dr. Curwen, of Harrisburg, Pa., read a paper on amusements and social recreations, best adapted to insane hospital treatment ; recommending lectures, magic lantern exhibitions, concerts, bowling, gymnastic exercises, and other out door amusements.

Rev. Dr. Adams, Kentucky, read a paper on religious services for hospitals for the insane, together with the qualifications of their Chaplains.

During their stay, the Association was invited to visit the different hospitals in and

around the city, as well as other public institutions, but were unable to accept all the invitations received.

On Tuesday they visited the admirable institution under the charge of Dr. Kirkbride, known as the Pennsylvania Hospital for the Insane, where, after examining the building and appurtenances, they dined and held a session, spending the evening at the Doctor's house.

On Wednesday morning, they were taken behind the scenes at the Continental, and shown the extensive manner in which that hotel is carried on.

In the afternoon they visited the Friends' Asylum for the Insane at Frankford, and after viewing the building and grounds, they partook of an elegant collation prepared by Dr. Worthington.

On Friday they visited the department for the Insane at the Philadelphia Hospital, Blockley.

Before adjournment the Association adopted the following resolutions:

Whereas, this Association, during its present meeting in Philadelphia, has received from the boards of management, and from the officers of various public institutions, a renewal of the courtesies which attended its previous visits to this city; therefore

Resolved, That the members of this association hereby testify their sincere appreciation of their civilities, and express their grateful acknowledgments to the managers of the Pennsylvania Hospital, and of the Friends' Asylum, for their munificent hospitalities and personal solicitude for their enjoyment; to the officers of the United States Mint for their attention in showing them its varied and interesting processes; to Dr. S. W. Butler, of the Department of the Insane of the Philadelphia Almshouse; to the officers of the Academy of Natural Sciences; to Dr. Jos. Parrish, of the Training School for Feeble-minded Children at Media; to the Medical Faculty of the University of Pennsylvania, for their invitations to visit the several institutions under their care.

Resolved, That while we recognize in all the institutions for the care of the insane, which we have had the pleasure to visit, meritorious adaptations to their benevolent purposes, we deem it proper on the occasion of the recent opening of the new department for males of the Pennsylvania Hospital for the Insane, to express our unqualified admiration of its peculiar excellencies, and our high respect for the benevolence and enlightened public sentiment of the community, which has so liberally responded to the appeals of its managers for means to erect it.

Resolved, That while we discover in the Department for the Insane of the Philadelphia Almshouse a material advance upon the late unhappy state of things, we are constrained to say, that the present means for taking care of the large number of the insane, gathered there, and their consequent condition, are such as to demand the immediate and enlightened attention of the able Board to whom these important and most responsible trusts are committed, and that we earnestly recommend a thorough establishment of the hospital upon the basis of the propositions for the organization and government of institutions for the insane, already adopted and published by this association.

Appointment in the University of Pennsylvania.—Dr. William Pepper has been elected Professor of the Theory and Practice of Medicine in the University of Pennsylvania, in place of Dr. George B Wood, resigned.

Dr. Pepper was for a long time known to the profession of this country, as a clinical teacher in the Pennsylvania Hospital, and is one of the most eminent practitioners in Philadelphia. He will bring to his new position practical qualities which will insure him efficiency and popularity. The appointment seemed to be generally anticipated, and is satisfactory to the friends of the institution.

Army and Navy.—Assistant Surgeon J. F. Hammond has been ordered to repair to West Point, N. Y., and report for duty to the Superintendent of the Military Academy

Leave of absence for three months has been granted to Assistant Surgeon C. H. Smith.

Leave of absence for four months has been granted to Assistant Surgeon L. H. Stone.

Philadelphia Hospital—Dr. Wm. Mayburry, one of the attending physicians to the Philadelphia Hospital, has recently resigned. The laborious duties of the office, and its interference with his private business, are assigned as the cause for his withdrawal. No successor has as yet been elected. There are, however, we are informed, quite a number of candidates for the vacancy.

A Home for Invalids.—A medical gentleman of this city proposes to establish, in connection with his residence, a private sanitary institution, for the accommodation of a limited number of patients requiring medical or surgical attention.

It will be intended for invalids from a distance, who need a temporary residence in the city, and for the transient class who do not become inmates of a hospital, yet who desire more attention and comforts than can ordinarily be obtained in hotels or boarding houses. Each patient will continue, without interference, under the attention of a medical attendant of his own selection.

Quarantine and Sanitary Convention.—We hear that delegates going to the Sanitary and Quarantine Convention, which meets at Boston next Thursday, can go by steamship from this city on Tuesday, at ten o'clock A. M., from Pine street wharf, and arrangements can be made for a reduction of the fare.

The Surgeons of the British Navy are to receive a new uniform, of a more ornamental character than that worn at present.

The Paris Hospital Medical Society offers a prize of 2,000 francs to the author of the best memoir on any subject of Clinical Medicine or Applied Therapeutics, the choice being left to competitors. The essays must be written in French or Latin, and be sent in before December 31, 1861.

Quadruple Births.—In the Transactions of the Medical Society of the State of New York, 1860, the following case is reported by Dr. A. Goodman, of Salisbury Mills, Orange county:

May 5th, 1856, I was called to see Mrs. F., aged 35, native of Ireland. Found her pregnant; in appearance very large, with feet and legs much swollen; complained of feeling much burdened, and could only move with great exertion. From her I learned, that six years previous, while in her native land, she had been delivered of twins, still-born. Since then, until the present, though living with her husband, she had not been pregnant.

June 2d, was summoned to attend her in confinement. Found her with regular pains; the membranes were soon ruptured, when I made an examination and was surprised to find so little progress had been made in the labor, and the head was so soft and yielding, as to lead me to suppose the child dead. After a few hours the head emerged, and she was soon delivered of a still-born female child, which evidently had been dead sometime. Soon another head presented, more firm than the first; this also passed readily, and proved to be a living female child. The pains continued strong, and the placenta not moving, introduced a finger, and found the limbs of another child. This soon passed, and was a still-born male child, more putrid than the first. Pains continued, and soon a fourth child could be felt, with a head presentation, and in a short time a second living female child was born. There was but one placenta, which was oblong in shape. Three cords were inserted in it. The children were not weighed, but I should think they averaged five pounds each.

Sunstroke and Intemperance.—A medical committee which was appointed to inquire into the causes of mortality of certain troops in India, reported that it "was caused by the exposure of men of intemperate habits to the heat and sun."

Dr. Brown-Séquard is to deliver a course of lectures on paralysis and epilepsy, at the National Hospital for Epileptics in England.

New Instruments for Aural Surgery.—Mr. Gemrig, surgical instrument maker of this city, has manufactured the new appliances for use in the treatment of aural diseases, after patterns of those recommended by Mr. Toynbee of London, in his recent work on diseases of the ear. Among them are the cutting forceps for dissecting the petrous portion of the temporal bone, specula, syringe, rectangular forceps, ear spout, lever ring forceps, the snare, otoscope, explorer, and Eustachian catheter, etc.

Answers to Correspondents.

Dr. E. C., of Tenn.—There is no full work on the operative surgery of the diseases and accidents peculiar to females. Such a work, since many of the unfortunate conditions which sometimes follow parturition have been made amenable to treatment, is now much needed.

There have been partial treatises or important articles on such subjects by J. Baker Brown, of London, Simpson, of Edinburgh, Jobert, of Paris, Sims and Bozeman, of this country, and others

Dr. Sims, of New York, who has accomplished more in this specialty than any other surgeon, is now preparing such a work as you desire, but we cannot say when it will appear. It will be published by Appleton & Co., of New York.

COMMUNICATIONS RECEIVED.—*Alabama*, Dr. John E. Price, [with encl.]—*Delaware*, Dr. A. Mauck—*Georgia*, Dr. S. H. Taliaferro, Dr. R. B. Gardner, [with encl.]—*Illinois*, Dr. —— Gates—*Indiana*, Dr. Calvin West, [with encl.]—*Iowa*, Dr. David Beach, [with encl.]—*Kentucky*, Dr. G. Cowan, [with encl.,] Dr. T. F. Clardy, [with encl.,] Dr. J. W. Thompson—*Missouri*, Dr. W. C. Boon—*New York*, Dr. Geo. N. Cook, Dr. J. Parmely—*Ohio*, Dr. L. R. Kirk, Dr. Edward R. Bell, [with encl.,] Dr. T. H. White, [with encl.,] Dr. T. B. Williams, [with encl.]—*Pennsylvania*, Dr. Daniel Holmes, [with encl.,] Dr. M. D. Hill, Dr. P. S. Leisenring, Drs. Donnelly & Coulter, [with encl.,] Mr. W. E. Chapman, Dr. James A. Lowe, [with encl.,] Dr. T .C. Laverty, [with encl.,] Dr. Reuben Hunter, Dr. Ch. L. Stoddard—*Tennessee*, Dr. Robert B. Harris, [with encl.]—*Virginia*, Dr. W. C. N. Randolph.

Office Payments—Dr. J. P. Edge, Dr. M. Emanuel, Dr. I. Langer, Mr. L. V. Helmbold, (adv.,) Dr. J. M. Dallam, Mr. B. C. Everett, (adv.,) Dr. Ch. S. Heysham.

DEATHS.

PECK—In New York, on Monday morning, June 4, at his late residence, No. 104 East 28th street, Dr. Charles A. Peck, aged 38 years.

DR. McMUNN'S ELIXIR OF OPIUM.

This is the Pure and Essential Extract from the Native Drug.

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious, and useless principles, upon which its bad effects depend.

It possesses all the sedative, anodyne, and anti-spasmodic powers of Opium
To produce sleep and composure. To allay convulsions and spasmodic action.
To relieve pain and irritation, nervous excitement and morbid irritability of body and mind, &c.

And being purified from all the noxious and deleterious elements, its operation is attended by
No sickness of the stomach, no vomiting, no costiveness, no headache,
Nor any derangement of the constitution or general health.

Hence its high superiority over Laudanum, Paregoric, Black Drop, Denarcotized Laudanum, and every other opiate preparation.

In consequence of the exclusion of those deleterious principles from the Elixir of Opium, it is not liable to derange the functions of the system, and will be found invaluable for all cases in which the long-continued and liberal use of opiates is indicated and necessary to allay pain or spasmodic action, and induce sleep and composure, as in cases of fractures, burns, scalds, cancerous ulcers, and other painful affections.

THE ELIXIR OF OPIUM IS GREATLY SUPERIOR TO MORPHINE.

1. In its containing all the active medicinal virtues of Opium in native combination, and in being its full representative, while Morphine, being only one of its principles, cannot alone, and that in an artificial state of combination, too, produce all the characteristic effects of so triumphant a remedy, when several of its other valuable principles are excluded.
2. In all its effects, the Elixir is more characteristic, permanent and uniform, than any of the *artificial compounds* of Morphine.
3. And as a *Preparation*, it is not liable to decompose or deteriorate like the *Solutions* of Morphine, and thus is obviated a serious objection, which has prevented the latter from being used with precision and effect.

To speak summarily, the Elixir of Opium, as a remedy, may be adopted in all cases in which either Opium or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by their distressing and pernicious consequences.

The following letter from Dr. Reese fully confirms the above, and commends itself to the attention of the professsion and the public:

NEW YORK, *January* 11, 1859.

Messrs. A. B. & D. SANDS: *Gentlemen*—I have been familiar with the history of the "Elixir of Opium" from the time it was first introduced to the profession by Dr. McMunn, and have continued to prescribe the same in public use and private practice since he disposed of his interest in it to you in 1841. Of its value, and the purity of the drug from which it is prepared, the best evidence is found in its wide-spread popularity and use among the profession in our own and other countries, and in all our civil and military hospitals, in which it has become a standard article. It is now prescribed by physicians and surgeons everywhere, when the positive medication of Opium is indicated without the drawbacks in certain pathological conditions involving the nervous system, by idiosyncracy or otherwise, which are inseparable from the ordinary spirituous or vinous tinctures, or the salts of Morphia. Its extended use has led to the introduction of spurious imitations, against which you have done well to guard the profession and the public. The fact that the pharmaceutical journals have so frequently proposed and announced "substitutes" for McMunn's Elixir of Opium, and published so many formulæ for its officinal imitation, is the very highest attestation to the merits of the article as prepared by you. Knowing as I do its merits, I most cordially express my desire that its remedial virtues may be more extensively known.

Yours respectfully,

D. MEREDITH REESE, M. D., LL. D.,
Late Vice President of the American Medical Association; Resident Member of the New York Academy of Medicine; Editor of the American Medical Gazette, &c.

☞ NOTICE.—**A. B. & D. SANDS** having purchased of Dr. McMUNN all his right, title and interest in this article, and having been the sole Proprietors since 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers that no Elixir of Opium will hereafter be genuine unless having their signature on the outside wrapper; and all orders from the "Trade" must be addressed, as heretofore, to A. B. & D. SANDS, Wholesale Druggists, 141 William street, corner of Fulton, New York.

120—mfy SOLD ALSO BY DRUGGISTS GENERALLY.

THE MEDICAL USES OF ELECTRICITY IN THE TREATMENT OF NERVOUS AFFECTIONS—A new and important medical work, now in press, and will be issued in the course of a few days, by Messrs. TICKNOR & FIELDS. This will be a thoroughly systematic work of over 700 pages, and finely illustrated with nearly 100 cuts, showing not only the best "*methods*" for the therapeutical employment of electricity in the various nervous diseases, but also *showing the anatomy of the parts* (nerve-trunks and muscle fibres) liable to be involved; moreover, presenting a concise view and means of diagnosis of the great variety of nervous affections met with in every day practice. This work is from the pen of ALFRED C. GARRATT, M. D., of Boston, who of late years, it is well known, has made this difficult department of medicine his *specialty*. It is addressed to medical students, and is dedicated to Dr. JOHN HOMANS, President of the Massachusetts Medical Society. It is intended for the professional eye. There is no similar work in the English language. 190

A COURSE OF INSTRUCTION IN ANALYTICAL CHEMISTRY, therapeutical and practical, and with the especial view to the wants of the physician, will be commenced early in July. The course will close with the Analysis of Animal Fluids, Blood, Urine, &c.

Applications to be made at the laboratory of

J. M. MAISCH,
800 Arch Street.

Organic and Inorganic Analyses promptly attended to. 190

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

DENTAL INSTRUMENTS—TEETH.

JOHN KLINE,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, FINDINGS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 188

J. JACOB TEUFEL,

MANUFACTURER OF

SURGICAL AND DENTAL

INSTRUMENTS AND TRUSSES.

103 South Eighth St., 3d door below Chestnut,

PHILADELPHIA.

☞ *A large assortment always on hand.* ☜ 186

Anatomical, Pathological, and Microscopical Preparations.

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS intrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood-cut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILLUSTRAION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION intrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS M. D.
768 Florida street, Philadelphia

REFERENCES.

JOSEPH PANCOAST, M. D, Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.
D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.
ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.
J. DA COSTA, M. D., Physician to the Episcopal Hospital.
F. E. HUCKETT, M. D., Physician to the Philadelphia Hospital.
Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN,** No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved

RADICAL CURE and other TRUSSES,
FEMALE SUPPORTERS,
SHOULDER BRACES,
ELASTIC STOCKINGS,
SPINAL APPARATUS

For weak and curved spines, and

INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

PHILADELPHIA HOSPITAL.

MANY IMPORTANT WORKS ARE MISSING FROM THE Medical Library of this Hospital. Persons having volumes out, will please return them, or any one capable of giving information regarding missing volumes, will oblige by communicating with the undersigned.

S. W. BUTLER, M. D., Librarian.

April 28, 1860.

ARTIFICIAL EYES.

PERSONS wanting ARTIFICIAL EYES can have them made to order, and inserted, without pain, by DR. OSMUN, Oculist, 1619 Chesnut street, Philadelphia. 182

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PILL: Aloes, U. S. P. . . $0 37½
Aloes et Assafœt: U. S. P. . 37½
Aloes et Ferri . . 37½
{ Pulv: Aloes, Socot: ½ gr.
{ " Zingib: Jam: 1 gr.
{ Ferri Sulph: Exsic: 1 gr.
{ Ext: Conii ½ gr.
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
{ Pulv: Aloes Socot:
{ " Sapon: Hispan:
{ " Fruct: Colocynth:
{ " Gambogiæ
{ Oleum Anisi
Anti-bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . 37½
" Comp: (Plummer's) 3 grs. . 37½
{ Calomel
{ Oxysulph Antimony
{ Guaiacum Resin
Calomel et Opii . . 37½
{ Calomel 2 grs.
{ Opium 1 gr.
Cathart: Comp: U. S. P. . . 37½
Cinchon: Sulph: 1½ grs. . . 50
Cook's, 3 grs. . . 37½
{ Pulv: Aloes Soc: 1 gr.
{ " Rhei 1 gr.
{ Calomel ½ gr
{ Sapo Hispan: ½ gr.
Colocynthidis Comp: 3 grs. . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . . 37½
Copaibæ et Ext: Cubebæ . . 37½
{ Pil: Copaibæ, 3 grs,
{ Ext: Cubebæ 1 gr.
Copaibæ Comp: . . . 37½
{ Pil: Copaib:
{ Resin Guaiac:
{ Ferri Cit:
{ Ext: Cubeb:
Fel Bovinum, . . . 50
{ Inspisated Oxgall 2 gr.
{ Powd: Jamaica Ginger, 1 gr.
Ferri (Quevenne's) 1 gr. . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . 37½
Ferri Comp: U. S. P. . . 37½
Ferri Iodid: 1 gr. . . . 50
Ferri Lactat: 1 gr. . . . 37½
Ferri et Strychniæ . . . 62½
{ Strychniæ 1-60 gr.
{ Ferrum per Hydrogen (Quevenne's) 2 gr.

PIL: Ferri Valer: 1 gr. . . . 75
Ferri et Quin: Cit: 1 gr. . . 50
Ferri et Strychniæ Cit: 1 gr. . . 37½
{ Strychnia Cit: 1-50 gr.
{ Ferri Cit: 1 gr
Galbani Comp: U. S. P. . . 37½
Hooper (Female Pills) . . 37½
Hyd argyri. U. S. P. 3 grs. . 37½
Ipecac et Opii, 3½ grs. . . 37½
Pulv: Doveri, U. S. P.
Opiii, U. S. P. 1 gr. . . 37½
Opii et Camphoræ . . . 50
{ Pulv: Opii, 1 gr.
{ Camphoræ, 2 grs.
Opii et Plumbi Acet: . . 37½
{ Pulv: Opii, ½ gr.
{ Plumbi Acet: 1½ grs.
Quiniæ Sulph: 1 gr. . . . 62½
Quiniæ Sulph: 2 grs. . . 1 00
Quiniæ Comp: . . . 75
{ Quin: Sulph: 1 gr.
{ Ferrum per Hydrogen (Quevenne's) 1 gr.
{ Acid Arsenious 1 60 gr.
Quiniæ et Ext: Belladon: . . 62½
{ Quiniæ Sulph: 1 gr.
{ Ext: Belladon: ½ gr.
Rhei, U. S. P. . . . 37½
Rhei Comp: U. S. P. . . 37½
Scillæ Comp: U. S. P. . . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
{ Pulv: Aloe Scott:
{ Gum: Mastich:
{ Flor: Rosæ
Zinci Valerian: 1 gr. . . 75
GRANULES, Acid: Arsenious, 1-20 gr. . 25
" " 1-50 gr. . 25
Aconitia, 1-60 gr. . . . 50
Atropia, 1-60 gr. . . . 50
Corrosive Sublimate, 1-12 gr. . 25
Digitalin, 1-60 gr. . . . 50
Elaterium (Clutterbuck's) 1-10 gr. . 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr. . 25
" Nux Vomica, ½ gr. . . 37½
Mercury Iodide, ¼ gr. . . 25
" Red, 1-16 gr. . . . 25
Morphia Sulphate, 1-10 gr. . . 37½
" " 1-6 gr. . . 50
" Valerianate, ⅛ gr. . . 62½
Quinia Valerianate, ½ gr. . . 1 00
Silver Nitrate, ¼ gr. . . 37½
Strychnia, 1-20 gr. . . . 37½
" 1-40 gr. . . . 37½
Veratia Sulphate, 1-12 gr. . . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of emicals and Chemical Apparatus, for distribution. 180, 1y

J. M. MIGEOD,

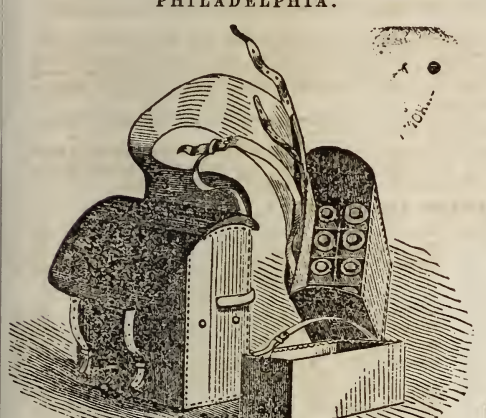
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50
No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50
No. 3. containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " 9 50
No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottle
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" 4 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,
Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116. t. f. B. FRANK. PALMER

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

HUSBAND'S

ISINGLASS ADHESIVE PLASTER.

THIS PLASTER has been found to be admirably adapted to strapping after surgical operations, and as a dressing to either incised or lacerated wounds. It is cleanly, of easy application, adheres firmly *without producing inflammation*, and being semi-transparent, allows of an examination of the parts without their having to be disturbed by its removal, until, in many instances, the cure is effected. This Plaster is not affected by age, and will bear exposure to any climate.

Professor MUTTER, in his late edition of Professor Liston's Lectures on Surgery, &c., remarks that "the Isinglass Plaster, referred to by Mr. Liston, is exceedingly well made by Mr. Husband, of this city; and for some time past I have almost abandoned the use of the old adhesive plaster of the shops, which often, in persons of a delicate skin, or children, produces troublesome irritation."

For sale by the Druggists, and by

T. J. HUSBAND,
173 N. W. Cor. Third and Spruce sts., Philada.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

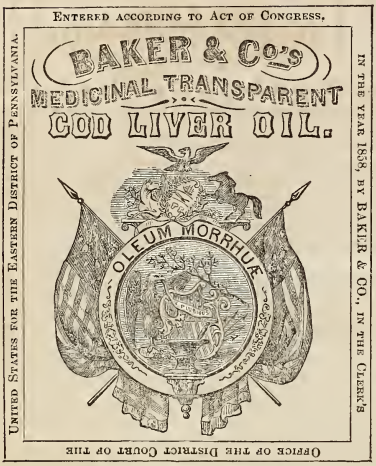
WANTED.

SEVERAL PERSONS TO TRAVEL AS **AGENTS** TO OBtain subscribers for this Journal. Students or young graduates would find this pleasent and profitable employment, as we allow a liberal percentage for new subscribers, and the exceedingly practical and popular form and low price of the REPORTER, will induce most physicians to subscribe to it if called upon.

None need apply without good recommendations. Address the Editors

The most Reliable, Efficacious, and Scientific Remedy for

CONSUMPTION, SCROFULA,


ENTERED ACCORDING TO ACT OF CONGRESS,
IN THE YEAR 1858, BY BAKER & CO., IN THE CLERK'S
OFFICE OF THE DISTRICT COURT OF THE
UNITED STATES FOR THE EASTERN DISTRICT OF PENNSYLVANIA.
BAKER & Co's
MEDICINAL TRANSPARENT
COD LIVER OIL.
OLEUM MORRHUÆ

DEBILITY, &c.,

which, from its long established and well-tested reputation for purity, freshness, uniformity of character, and superiority of its mode of preparation, from the most eminent of the medical profession throughout the country, the distinguished faculty of the oldest and best medical colleges, the University of Pennsylvania, and thousands of invalids—claims the patronage and confidence of all who desire the advantages of a superior and genuine article.

As the value of this remedy depends solely on its genuineness, invalids should be careful to take only that of undoubted reputation, as its qualification cannot be ascertained by observation.

For testimonials, see the pamphlets accompanying each bottle, and be sure to procure only "J. C. BAKER & CO.'S PHILADELPHIA COD LIVER OIL," which is to be had of all apothecaries, and from the proprietors.

BAKER & CO.,
175 154 North Third Street.

TRUSS

AND

BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES, (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

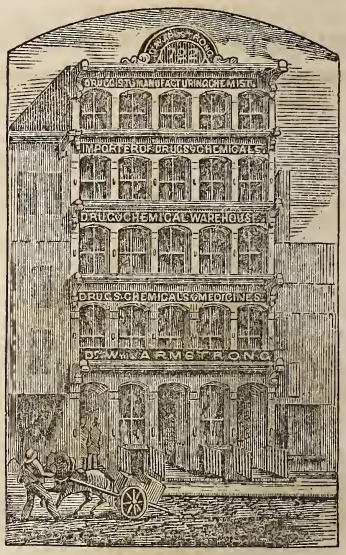
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with the above, with flattering results. 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.



Also a General Assortment of Concentrated Medicines, from the Laboratories of MESSRS. KETTH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS. PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin..... Res. Rd. Neut.....	2 to 5	1 50
Aluuin..... Res. Rd. Neut.....	2 to 10	75
Apocynin..... Rd. Res. Neut.....	½ to 3	2 00
Asclepin..... Rd. Neut.....	1 to 5	1 50
Baptisin..... Res. Neut	1 to 8	1 00
Barosmin..... Res. Neut.....	1 to 3	2 00
Caulophylin..... Rd. Neut.....	2 to 5	75
Cerasein..... Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin..... Rd. Neut.....	2 to 5	1 25
Chimaphilin..... Res. Rd. Neut.....	2 to 5	1 00
Collinsonin ..... Res. Neut.....	2 to 5	2 00
Colocynthin ..... Rd.....	½ to 2	2 00
Cornin..... ..... Rd Neut.....	2 to 5	1 00
Corydalin..... Res. Rd. Alk. Neut.....	1 to 3	3 00
Cypripedin ..... Rd. Neut.....	2 to 4	1 60
Digitalin..... Rd. Alk. two Neut.....	½ to ½	1 50
Dioscorein..... Res. Neut. M. R.....	2 to 5	1 50
Enonymin..... Rd. Alk. Neut.....	1 to 4	2 00
Enphorbin..... Rd. Neut.....	1 to 3	1 50
Eupatorin (perfo.).... Rd. Neut. Alk.....	1 to 4	75
Eupatorin (purp.).... Rd. Neut. Alk.....	2 to 5	1 50
Fraserin..... Res. Neut. and M. R.....	2 to 10	1 00
Gelsemin..... Rd Alk. Neut.....	¼ to 1	2 00
Geranin..... Rd. Tannin.....	2 to 5	60
Gossypiin..... Rd Neut.....	3 to 8	2 00
Hamamelin..... Res. Neut.....	1 to 3	1 00
Helonin..... Neutral.....	2 to 5	1 00
Hydrastin..... Res. Rd. Alk. Neut.....	1 to 3	1 25
Hyoscyamin..... Res. Rd. Alk. Neut	½ to ½	2 50
Irisin..... Res. Rd. Alk. Neut.....	1 to 3	1 00
Jalapin..... Res.....	2 to 5	1 50
Juglandin..... Rd. Neut.....	2 to 10	75
Leptandrin..... Rd. Res. Alk. Neut.....	2 to 5	60
Lupulin..... Res. Rd. Neut.....	1 to 4	75
Lycopin ..... Rd. Neut.....	1 to 4	1 00
Macrotin ..... Rd. Alk. Neut.....	½ to 2	60
Menispermin ..... Rd. Alk. Neut.....	1 to 5	1 00
Myricin..... Rd. and Tannin.....	2 to 5	60
Phytolacin ..... Rd. Neut.....	½ to 3	1 00
Podophyllin..... Rd. Alk. Neut.....	½ to 3	60
Populin..... Rd. Neut.....	2 to 5	50
Prunin..... Rd. Neut. Amyg.....	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to, and sent to all parts of the United States, by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Phil'a

J. M. MIGEOD,

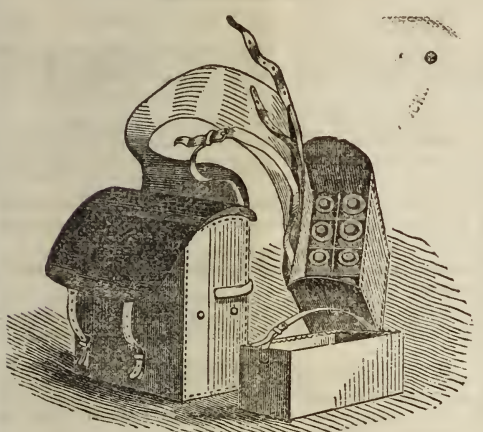
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50
No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50
No. 3, containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " " 9 50
No. 6, " 16 1 oz. " " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " " 9 50
No. 9, " 16 1 oz. " " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottle
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ or. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" " 4 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,
Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

HUSBAND'S

ISINGLASS ADHESIVE PLASTER.

THIS PLASTER has been found to be admirably adapted to strapping after surgical operations, and as a dressing to either incised or lacerated wounds. It is cleanly, of easy application, adheres firmly *without producing inflammation*, and being semi-transparent, allows of an examination of the parts without their having to be disturbed by its removal, until, in many instances, the cure is effected. This Plaster is not affected by age, and will bear exposure to any climate.

Professor MUTTER, in his late edition of Professor Liston's Lectures on Surgery, &c., remarks that "the Isinglass Plaster, referred to by Mr. Liston, is exceedingly well made by Mr. Husband, of this city; and for some time past I have almost abandoned the use of the old adhesive plaster of the shops, which often, in persons of a delicate skin, or children, produces troublesome irritation."

For sale by the Druggists, and by

T. J. HUSBAND,
173 N. W. Cor. Third and Spruce sts., Philada.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

WANTED.

SEVERAL PERSONS TO TRAVEL AS **AGENTS** TO OBtain subscribers for this Journal. Students or young graduates would find this pleasant and profitable employment, as we allow a liberal percentage for new subscribers, and the exceedingly practical and popular form and low price of the REPORTER, will induce most physicians to subscribe to it if called upon.

None need apply without good recommendations. Address the Editors

THE MEDICAL USES OF ELECTRICITY IN THE TREATMENT OF NERVOUS AFFECTIONS—A new and important medical work, now in press, and will be issued in the course of a few days, by Messrs. TICKNOR & FIELDS. This will be a thoroughly systematic work of over 700 pages, and finely illustrated with nearly 100 cuts, showing not only the best "*methods*" for the therapeutical employment of electricity in the various nervous diseases, but also *showing the anatomy of the parts* (nerve-trunks and muscle fibres) liable to be involved; moreover, presenting a concise view and means of diagnosis of the great variety of nervous affections met with in every day practice. This work is from the pen of ALFRED C. GARRATT, M. D., of Boston, who of late years, it is well known, has made this difficult department of medicine his *specialty*. It is addressed to medical students, and is dedicated to Dr. JOHN HOMANS, President of the Massachusetts Medical Society. It is intended for the professional eye. There is no similar work in the English language. 190

A COURSE OF INSTRUCTION IN ANALYTICAL CHEMISTRY, therapeutical and practical, and with the especial view to the wants of the physician, will be commenced early in July. The course will close with the Analysis of Animal Fluids, Blood, Urine, &c.

Applications to be made at the laboratory of

J. M. MAISCH,
800 Arch Street.

Organic and Inorganic Analyses promptly attended to. 190

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

DENTAL INSTRUMENTS—TEETH.

JOHN KLINE,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, FINDINGS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 188

J. JACOB TEUFEL,

MANUFACTURER OF

SURGICAL AND DENTAL

INSTRUMENTS AND TRUSSES.

103 South Eighth St., 3d door below Chestnut,

PHILADELPHIA.

☞ *A large assortment always on hand.* ☜ 186

Anatomical, Pathological, and Microscopical Preparations.

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS intrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood-cut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILUSTRAION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION intrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS, M. D.
768 Florida street, Philadelphia

REFERENCES.

JOSEPH PANCOAST, M. D., Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.

D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.

ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.

J. DA COSTA, M. D., Physician to the Episcopal Hospital.

F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital.

Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN,** No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved

RADICAL CURE and other TRUSSES,

FEMALE SUPPORTERS,

SHOULDER BRACES,

ELASTIC STOCKINGS,

SPINAL APPARATUS

For weak and curved spines, and

INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

PHILADELPHIA HOSPITAL.

MANY IMPORTANT WORKS ARE MISSING FROM THE Medical Library of this Hospital. Persons having volumes out, will please return them, or any one capable of giving information regarding missing volumes, will oblige by communicating with the undersigned.

S. W. BUTLER, M. D., Librarian.

April 28, 1860.

ARTIFICIAL EYES.

PERSONS wanting ARTIFICIAL EYES can have them made to order, and inserted, without pain, by DR. OSMUN, Oculist, 1619 Chesnut street, Philadelphia. 188

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 191. } PHILADELPHIA, JUNE 16, 1860. { NEW SERIES VOL. IV. NO. 11.

ORIGINAL DEPARTMENT.

Communications.

ANATOMY
IN ITS RELATIONS TO
MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,
Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 29.

INTRA-ORBITAL REGION — (*continued*).— When the third pair of nerves, "*motor oculi*," is paralyzed, the pupil becomes permanently dilated, thus indicating from whence comes its nervous endowment. Congenital deficiencies of the pupil are occasionally met with, as where the margin is incomplete, a fissure extending toward the ciliary border—in which case it will be oval.

The iris, as well as the pupil, possesses some interesting comparative points. In fish it is mostly immovable, and of great size. In some varieties a thin membrane is suspended in front of it; in others two pupils exist in each iris. In certain individuals belonging to the *reptilia*, this opening is rhomboidal; in others again, as serpents, crocodiles, &c., it is a slit or fissure; in graminiverous mammals it is transversely ovoid, and in the small individuals of the "*felidæ*," as cats, it is a long vertical fissure.

Retina.—The ophthalmoscope is no less essential for an examination of the retina than of the choroid of the living eye. As it underlies the latter, effusion from the choroidal vessels may occur, so as to seperate parts or even the entire membranes from each other; hence the tremulous condition of the retina which is noticed, moving in the exuded liquid. If a portion is separated, it projects inward upon the vitreous humor, the direction of least resistance, and produces from its opaque, non-reflecting surface, the dark spots observable by the ophthalmoscope. Large deposits of pigment may occur in the retina. Clots of blood, both in and beneath the retina, are seen to exist, constituting an apoplexy of the coat. The vessels which furnish this blood are the branches of the *arteria centralis retinæ*, from which the vascular element of the membrane is derived.

It is very evident that the nerves of the eye are for the most part intended for the iris and ciliary muscle and cornea, and therefore, unless as a result of pressure, we might expect there might be extensive disease and hopeless alteration of structure in the choroid or retina, without the patient experiencing much pain. Modern observation proves this to be the case.

Humors of the Eye.—The great interior bulk of the eye is made up of three bodies, called humors or lenses. They are the *vitreous*, *crystalline*, and *aqueous*. They each have different degrees of density.

Vitreous humor.—This is the largest of the three, and forms a very large portion of the globe. It is placed posteriorly to the others, extending from the back of the eye almost forward to the ciliary ligament, is spherical in shape, of the consistence of jelly, and in front has a depression in which rests the crystaline lens. The vitreous humor is surrounded by a thin homogeneous membrane, "*the hyaloid.*" In the foetus the interior consists of numerous cells supporting the vitreous mass, formed by dissepiments projected from the inner surface

of the hyaloid. If they exist in adults, they are certainly not very easily distinguished. The artery to the lens passes through the centre of this humor, and in health it should be perfectly transparent.

Crystalline lens.—In the little cavity, or depression, in front of the vitreous body, rests the crystalline lens. It is a dense, transparent substance, of a double convex form, the posterior surface the more convex of the two, and is surrounded by a homogeneous elastic membrane—the "*capsule;*" after middle life it begins to approach a yellow or amber color. The little circumferential elevation formed by the union of its two surfaces is called the *border* of the lens. This crystalline body is maintained in its position by the ciliary processes, and a suspensory ligament, the latter commonly known as the "*zone of Zinn.*" The ciliary processes belonging to the choroid, are very vascular, and arranged around the border of the lens, being connected to the latter merely by apposition. At the commencement of the depression in front of the vitreous body, the hyaloid membrane divides into two laminæ, one of which passes into this depression, forming the floor upon which the *lens* rests, the other layer continues forward to the border of the latter; this is the suspensory ligament, and it is really difficult to say whether it belongs to the retina or hyaloid. Unquestionably its connexion with the retina is sufficiently intimate to connect that coat, from the ora serrata to the ciliary processes, as well as to retain the lens in situ.

Figure 28.

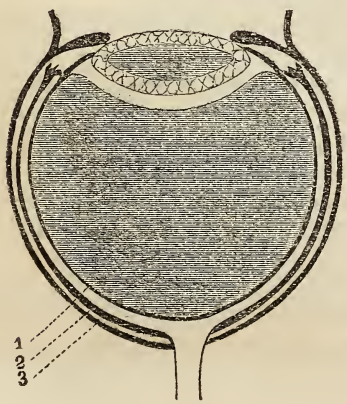


Fig. 28, represents the vitreous humor surrounded by its hyaloid membrane, in front of which is a depression in which is seated the crystaline lens, surrounded by its capsule, and between the capsule and the lens, the subcapsular cells. Exterior to the vitreous body is the retina, which in front is seen to terminate by serrations—"the *ora serrata.*" At this point it is connected with the hyaloid membrane, and continued on to the border of the lens by what is called the *suspensory* ligament of the lens. Exterior again to the retina, is the choroid coat, ending in front by two layers, one of which turns out, and is that extension which connects this tunic with the ciliary ligament; the other turns down to the border of the lens, upon and a little in front of which it rests. This is a ciliary process.

The lens consists of a somewhat concentric arrangement of hexagonal tubes, which like radii converge from its circumference to the centre, becoming denser as we approach its centre, where it is so firm and hard as to be termed the *nucleus*, and which, if hardened and then pressed upon, will seperate into three segments, a phenomenon depending upon the arrangement of the forementioned tubes. Between the capsule and the proper substance of the body is a layer of nucleated cells.

The crystalline lens is non-vascular, except in the embryo, where a small vessel from the arteria centralis retinæ passes through the centre of the vitreous humor to the capsule of the lens, and spreads over it a beautiful plexiform expansion of vessels, some of which branches extend to the membrana pupillaris and the iris.

Aqueous humor.—This is a thin transparent liquid, which occupies all the space from the crystalline body to the cornea. Suspended in it is the iris, which divides this space into two unequal apartments, which communicate through the pupils, called *chambers.* Thus we have an anterior chamber between the iris and the cornea, and a posterior chamber between the ciliary processes, and lens behind, and the iris in front. The last is greatly smaller in the anterio-posterior direction than the first.

Practical Observations.—The vitreous humor, filling up a large part of the interior of the eye, maintains the sphericity of the globe; hence when the ball is pressed upon by the fingers, we obtain an impression of resistance, with the slightest sense of elasticity. Should the proper consistence of this humor be changed, and become thin, this resistance is lost, and the sclerotic tunic becomes soft and yielding, circumstances which are sufficient, independent of instrumental observation, to indicate such a change. It may become so thin as to flow out in the operation for cataract.

This alteration in the consistence of the vitreous humor is liable to follow a prolonged inflammatory attack of either the choroid or retina. When the humor is broken up and liquified by morbid changes, some of its more solid fragments will float about, giving rise to dark specks, a kind of *muscae volitantes*, which so much annoy some persons. Small clots of blood are found now and then in this body, and must come from the central artery of the retina. These will likewise form dark masses, which will seriously impair vision. The dark bodies which some patients complain of seeing shortly after a blow upon the eye, may be accounted for in this way. A peculiar sparkling state of the humor is noticed, appearing like numerous metallic-looking particles whisking about from place to place, which might not inaptly be compared to a body of water just commencing ebulition. This is the "*synchysis étincelant.*" It indicates a fluid state of the vitreous humor, as well as change in the crystalline lens; the glistening particles which float in the former, being plates of cholesterine formed from the fatty degeneration of the latter. The gelatiniform density of the vitreous body enables the oculist to place the lens in its substance in cases of couching, with a reasonable expectation of its being there retained. Consistence and transparency are the clearest indices of a sound vitreous humor.

The lens being seated on the vitreous body, and retained there by the suspensory ligament, may be displaced by violence completely, or partially, rupturing this ligament entire, or at a certain point. The aqueous humor being in front, may float it out through the pupil into the anterior chamber, where it will be readily recognized. By contact with the iris, inflammation of this structure may be developed. It will be evident, that when thus situated, a section of the cornea will be required for its removal. Or the crystalline lens may stick to the bottom of the posterior chamber, and escape detection being behind the iris. As the healthy humors of the eye are all transparent, we cannot, by looking into the organ, distinguish the one from the other, it is like viewing a glass of clear water; the whole appears to be one mass. There is, however, a very certain method of determining either its removal or change of structure, founded upon its lenticular form. Being double convex, it reflects an image from both surfaces, the posterior one being inverted, the anterior upright. The cornea likewise exhibits another upright image. If therefore a candle be placed before a sound eye in a dark room, three flames will be visible, two upright, from the cornea and front surface of the lens, and one inverted from the hinder face of the same body. The latter is usually the most difficult to detect, but by moving the light from side to side, and careful observation, it will soon be distinguished, always passing in an opposite direction to that moved by the flame. Now if the posterior images are absent, either the lens has disappeared or its structure undergone change. This test is often employed to detect cataract, and called the *catoptric test.*

As the lens is posterior to the iris, and inspection of it must be made through the pupil, the opening should be made as large as possible by dilatation with agents known to possess such a property. Opacity in the lens constitutes cataract. This change may be seated in three situations; beneath the capsule in the external and softer part of the body, and in the internal central or nuclear portion. The first involves a change in the sub-capsular layer of cells, in which case the milkiness or opacity will be diffused between the capsule and the lens, as there is nothing to limit its extension. If the external portion of the body be

the seat of such alteration of structure, it may very frequently be detected by its striated appearance, occasioned by the opacity of the tubules. When these are broken down into a disorganized pulp or cretaceous mass, this appearance of course will be lost.

The nucleus of the lens, as stated in its anatomy, being much more dense than the part exterior, resists the breaking up and disintegrating process longer than the latter, and therefore exhibits its tubular radii much longer. Liquefaction of the substance of a lens gives it a milky appearance, for which reason it is called a *soft* cataract. Occasionally they appear mottled, of a gray and glistening aspect, resembling a piece of fractured metal. In such case the degeneration has resulted in punctiform deposits of earthy matter, intermixed with fat. Such are called *hard* cataracts. As an amber tint is connected often with cataractous disease, in our examination, the fact should not be forgotten that this color in some degree after middle life and upwards, belongs naturally to this body.

The lens being situated in the axis of vision, and being the most important focusing medium, a loss in its transparency, must intercept the passage of light to the retina, and be followed by partial or complete blindness of the eye affected.

Opacities do frequently commence in the central part of the crystaline lens extending gradually towards its circumference. Where such is the condition, if the pupil be dilated, a larger column of luminous rays will enter the organ, and falling upon the circumferential, clear part of the lens, the patient will see quite well. This is often one of the tricks of professional charlatans to dupe a credulous public and secure exorbitant fees.

The operation for cataract consists in removing this opaque body out of the axis of vision. They are designated by the terms, solution, couching, extraction. In the first two, the lens is reached through the posterior chamber, the last through the anterior, after a section of the cornea. The iris, from what has been already said, will be understood to divide these two chambers; the sclerotico-corneal line corresponding to the circumference of the iris, will be therefore the point of reference. If the needle enters a short distance behind this, it passes into the posterior chamber. As the operator can only view the movements of his instrument through the cornea and pupil, the propriety of increasing the size of the latter by dilatation will be apparent. The smallness of the posterior chamber will not admit of much antero-posterior movement, without danger to the iris.

The lens being enclosed in its capsule, this must in many cases be first divided, in order to act upon its substance. The elasticity of this capsule secures a free exposure of the body, when once divided. When the object is to divide the lens into small pieces, as in the operation by solution, the fact of its fibres being concentric in their disposition, will enable us to accomplish the end in view most satisfactorily by acting parallel to its surface.

Reduction of a Dislocated Humerus after Eighteen Weeks.

By JOHN SWINBURNE, M. D.,
Of Albany, N. Y.

On the thirteenth of October, 1859, Mr. Wm. Sutliff, of Brockett's Bridge, Herkimer county, aged sixty years, was overturned in a wagon, which he was driving, in such a manner that his left hand, grasping the reins, was drawn in an extremely extended position. In this position, a projection of the wagon struck the arm near the shoulder joint with great violence.

Dr. E. S. Walker was called, and examined the arm within an hour after the injury. He gives an interesting, detailed history of the case, while under his treatment, from which the following condensed account is quoted:

"I found the arm near the shoulder considerably swollen; also the shoulder. On grasping the arm, I found it freely moveable in all directions, and distinct crepitus under my hand. I diagnosed fracture of the arm, near the shoulder joint, and, without suspecting any injury of the joint, except that consequent upon the fracture. I dressed it in the ordinary way for fracture."

Dr. Walker conducted the case very judiciously, and it resulted in perfect union of the fracture in six weeks. In two months more, Mr. Sutliff had gained the use of the arm, with the exception of utter inability to extend it from him; that is, to raise the extended arm to a horizontal position.

This lack of free motion was accompanied by a great diminution and almost loss of nervous power. The hand and fingers were stiff, the arm numb, and sensation very greatly impaired—just as would be the case if, from any cause, the nerves of the arm, or the axillary plexus, were subjected to constant pressure.

The difficulty continued without improvement, so that Dr. Walker, suspecting the cause, made a thorough examination of the shoulder on the first of Janury, 1860, and discovered that the humerus was dislocated downwards and forwards.

Although it was now considered very doubtful whether the case was susceptible of relief, on account of Mr. Sutliff's age, the complicated nature of the original injury, and the length of time which had elapsed since the accident, it was decided to submit the case to counsel, the patient himself being exceedingly eager to have a trial made on the possibility of success.

Accordingly, Mr. Sutliff consulted several physicians, and among them myself; and on the 18th of February, 1860, he entered the Albany City Hospital, under my charge, as a private patient. He is sixty years old, enjoys unusual health, and possesses a sturdy frame, with powerfully developed muscles.

February 21.—Present and assisting, Drs. Armsby, Warren, Vanderpool, Bailey, Willard, and Young. Patient was rendered insensible by means of chloroform, and the relations of the morbid structure of the shoulder accurately diagnosed, the head of the humerus lying in the axilla, as in ordinary dislocation, downwards and forwards. The head of the bone was considerably thickened, and there were indications of great deposits of fibrin in and about the axilla, so that the motion of the arm was greatly limited. Efforts were made to reduce, precisely as in ordinary recent cases, by placing the heel in the axilla, and manipulating with a view to elevate the head and carry it outward at the same time. The extension thus made being insufficient, a ring, well padded, was drawn over the arm and adjusted under the axilla, and the extension was then made from the arm by means of the pulleys. In this way, the head of the bone was soon raised from its abnormal position and carried to its socket, when, had the case been a recent one, the operation would have ended successfully. But, undoubtedly from obliteration of the glenoid cavity from deposits, the head of the bone would not remain *in situ* when the extension and other reductive efforts were relaxed.

After about two hours of active and passive reductive efforts, it was thought safer to desist and have recourse to permanent and constant means, which I have made use of in similar cases with almost unexpected results. Accordingly, a large wedge compress was crowded into the axilla, and retained there by means of a strap and buckle over the shoulder, and the arm carried forwards over the chest and confined there, thus acting as a lever to force the head of the humerus outward; while, by means of an appropriate sling, the elbow was pressed upward. The combined action of the two forces would, of course, confine the head of the bone as nearly as possible in the desired position. The patient was then placed in bed, and the shoulder swathed in cold cloths.

February 27.—Patient suffered somewhat, the first few days, from the soreness and swelling incidental to the force used in endeavoring to make the reduction, but is now much better, the swelling having subsided, and the tenderness nearly disappeared. The position of the humerus, in some respects, is slightly better than before, as evinced by the fact, that the stiffness, numbness, and paralysis of the hand and fingers have very much improved, from the removal of the pressure upon the axillary plexus. But the shoulder joint is yet far from symmetrical, the acromion process jutting out quite prominently with a considerable depression below, between it and the

head of the humerus. I now resolved to continue the same process of prolonged and constant reductive efforts, but with somewhat different means.

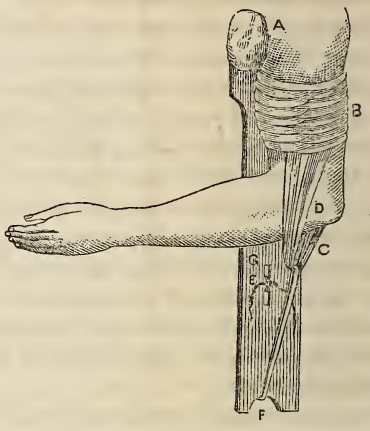
The patient was placed on his back in bed, and a padded band placed in the axilla and fastened, after the manner of a perineal belt, to the head of the bedstead. Adhesive straps were applied to the arm, terminating in a loop and cord passed over a pulley at the foot, and a sufficient weight attached. A broad band was then placed under the arm, as near the shoulder as possible, terminating in a cord, which was placed over a pulley, and sufficient weight applied to maintain a constant force, lifting the head of the humerus out of the axilla and upwards towards its natural situation.

March 4.—The means above mentioned seem to be accomplishing the desired results quite effectually. There is a decided progress towards symmetry of the joint, while the relief to the hand and fingers, from the removal of pressure upon the nerves supplying them, is very striking. The only disadvantage connected with the present treatment, is the tedium and weariness natural to a constrained recumbent posture.

March 10.—The same treatment has been persisted in until to-day. Desirous of relieving the patient from his irksome position in bed, which he has occupied for twelve days, I allowed him to get up, and arranged different means for carrying out the same principle in which I have persisted from the beginning.

These means consisted of a splint for the inside of the arm, furnished with a crutch and highly padded compress for the axilla, and extending several inches below the elbow, as represented in the cut. Adhesive strips (D) were then applied to the arm, so as to form a loop (C), and prevented from sliding by the circular plasters (B). A strong cord was then drawn through the loop, passed over the end of the splint, and secured by tying through the apertures (G), the amount of extension being regulated by the tightness of the cord.

The rationale of this apparatus is quite apparent. Its efficacy consists in permanent extension and counter extension, together with the crowding effect of the compress (A), the result being a steady, prolonged, reductive operation, while the patient is enabled to walk about and exercise without any apprehension of displacement.



March 12.—Patient is perfectly comfortable; can now open and close his hand with perfect freedom and ease, which was before utterly impossible. The joint is gradually assuming its natural symmetry.

A few days subsequent, Mr. Sutliff returned home under general instructions as to treatment, and placed himself under the care of Dr. Walker, his physician, under whose careful and judicious treatment the cure progressed very rapidly. The history of this case is best completed in the words of Dr. Walker, who writes as follows:

"After his return from the hospital, I continued the dressing you had applied, re-dressing about every other day till the 9th of April, when, by passive and voluntary motion at each dressing, he had so far recovered the use of his arm as to be able to raise it, by its own muscles, on a line nearly parallel with its origin; and, though the shoulder looked smaller and sharper from atrophy of its muscles, there was no distinguishable difference, on measurement, between the distance from the point of the acromion process and the greater tuberosity of the head of the humerus. I then discontinued all dressings, and advised him to use the arm moderately, which he has been

doing; and he is now working some at his trade, boot and shoe making, chopping wood, planting, &c., and, on the whole, regards his case as a providential cure."

A Case of Supposed Infanticide, with Remarks on the Hydrostatic Test.

By Charles F. J. Lehlbach, M. D.

No. 3.

2. *If the Lungs Sink, it is not Positive Evidence that the Child did not Live.*—This of course has already been proven under the preceding head. We have seen that the lungs may sink in cases where children have lived, breathed, and cried for several days. Regarding this part of the hydrostatic test then, there remain to be mentioned only the following circumstances, which may occur, preventing the child, though born alive, from respiring, and hence invalidating the hydrostatic test, in so far as the sinking of the lungs does not prove absence of life.

1. Many new born children often do not respire at once, and not until considerable time has elapsed, from weakness, exhaustion, syncope, temporary compression of the brain in difficult labor, or from the filling of the mouth and air passages with mucus, amnionic liqnor, or pressure of the cord, and yet continue to *live*, without respiring, for a certain length of time, the heart and circulation being active, until art succeeds in removing the obstacles. This truth, daily demonstrated, and one of which every obstetrician and midwife is aware, was already promulgated, as cited in our former paper by the Medical Faculty of Wittenberg in 1684.

2. Respiration may actually have taken place, as far as regards the respiratory movements of the throat and thorax, and this may have continued for hours and days; and yet the lungs may *wholly* or *partially sink*, from the want of expansibility, etc., atelectasis of the organ.

3. Malformations, an abnormal position of the diaphragm, or malformation of the bony thorax, preventing mechanically the expansion of the lungs, may produce *sinking* when the child has lived.

4. Infanticide may be intentionally commited by throwing a living child, but before it has respired, into water, or closing its mouth with the hand, when the lungs will sink on the application of the hydrostatic test. Here the very means, which have destroyed the life of the child, have prevented respiration, and thus destroyed the validity of the test.

The hydrostatic test, hence, as far as the sinking of the lungs is concerned, can never determine the life of the child without respiration, nor does it positively prove that the child has not breathed, nor that it has not lived; and it is furthermore in many cases entirely inadmissible.

Does the hydrostatic test furnish positive evidence that the child has lived?

1. *If the lungs float, it is not positive evidence that the child respired.*—While in the first part of this paper we have discussed the value of the hydrostatic test, in reference to the sinking of the lungs, we now come to the most important part of the subject, that relating to the floating of these organs. Under certain circumstances and conditions the floating of the lungs must be considered as almost positive evidence, and there have been and are individual casas, in which, connected with other facts, the floating of the lungs furnishes the strongest presumptive evidence that a child has breathed and lived, yet, as a general abstract rule, floating of the lungs cannot be looked upon as affording positive evidence.

Artificial inflation of the lungs has long been known to render the lungs buoyant in water, and as far as one hundred years back this point has been controverted.* *Roederer*, in a

* Medical men are frequently heard to remark, when the question of artificial inflation is broached: nonsense, absurdity, and with Haller object: How can you suppose that a woman committing infanticide, should inflate the lungs of her child? This objection has long since been fully met by Plouquet and Roose, on the just ground that in criminal cases it is first to be determined whether the accused or suspected person *is* an infanticide; and that it is contrary to all rules of evidence to overrule a doubt, to which the prisoner is entitled, by the very presumption of her guilt.

treatise on suffocation, published in 1754, denied the truth of the assertion, and the celebrated *Hebenstreit*, in his work "Anthropologia Forensica," expressed his doubts about it. Since, then, however, the mass of testimony on the affirmative side of the question, has accumulated so strongly, that one can hardly fail to be convinced of its truth. In the commencement of this century Dr. W. J. Schmitt published a treatise on the hydrostatic test, which contains so concise and clear observations on this subject, that we must wonder how it is that our text books, since that time, have not succeeded to impress this one fact upon the profession: that artificial inflation can be carried to such an extent, as to float the lungs of still born children; and this so completely that through the mere experiment of floating, and through the examination of the lungs alone we are entirely incapable of determining, whether the filling of the lungs was artificial or natural. To the many cases on record the writer may add one.

On July 12th, 1859, I was invited by Drs. Dodd and Thomas, of Newark, N. J., to be present at the post-mortem examination of a woman, who, on the day before had been thrown out of carrriage, and died early the following morning from sanguineous effusion into the brain, the result of the injury. She was about seven and a half, or eight months, advanced in pregnancy, and thus an excellent opportunity was offered to test the question.

The uterus, which measured 11½ inches in diameter longitudinally, and 8 inches transversely, was removed, and, with its contents, taken away for further examination.* The os was completely clogged up with the gelatinous, tough mucous of pregnancy.

The fœtus, as already stated, advanced to 7 or 8 months, was that of a female, tolerably well advanced for its age.

The thoracic cavity was carefully opened, and the lungs found to be, as usual in such cases, of a liver-brown color, and receding to the spinal column, leaving the heart completely uncovered. On touch, it presented, of course, not the slightest feeling of elasticity or crepitation, but seemed perfectly solid and compact. Though the experiment was not made, (in order to preserve the organ for the subsequent experiments,) yet there can be not the least doubt that these lungs would have sunk completely in mass and cut to pieces, had the hydrostatic test been applied at this stage. An incision was then made into the trachea, and the stem of an ordinary clay pipe introduced, through which the lungs were inflated. The force employed in inflating was slight at first; the lungs at once commenced to expand, and by the time they were fully inflated they occupied at least three times the space than before. By *sucking* they were readily brought back to their first fœtal condition; yet when they were inflated, and then left to themselves, they remained inflated perfectly.

They also, after full inflation, assumed a lighter color, nearly, if not entirely that of the lungs of children who have breathed. Crepitation was as complete as in the lungs of the living, and from their size, shape, color or feel, it was impossible to distinguish them from lungs in which natural respiration had taken place. The last inflation was made forcibly, so that several air vesicles on the surface of the lungs were made to burst, and a certain degree of superficial emphysema was produced. The hydrostatic test was then resorted to as follows: The lungs were taken out, with the heart attached, and put into a jar filled with water; the whole floated, the buoyancy of the lungs being sufficient to keep the heart afloat with them. The whole mass of the lungs was then squeezed with considerable force, and again plunged into the water, with precisely the same result as before. The heart was then detached, and the two lungs separated and placed in the water separately. Both floated. They were then squeezed with still greater force, which did not, however, change the result of the experiment. Next, both lungs were cut into

* The placenta was blown up after the manner of Dr. Dalton, and his description of the vascular arrangement of the placenta and uterus fully exemplified.

small pieces, each of which floated on being thrown into the water. These were squeezed between the fingers and scraped with the nails, so as to even impair the structure of the tissue—still every particle floated.

During the whole of this experiment Drs. B. L. Dodd, Luther G. Thomas, Edward A. Pierson and Mr. J. C. Craven were present.

While this observation appears to establish the general fact that, by means of artificial inflation, lungs which never have performed their office may be made sufficiently buoyant to float, and this so fully and completely that it is beyond our power to distinguish it from natural inflation; still objections might be raised against the validity of the above experiment, with perhaps apparent propriety, because the inflation was not effected *per vias naturales*, but through an opening into the trachea; yet, from previous experiments, we are fully convinced that inflation may be performed through the mouth so completely as was done in this instance through a hole in the trachea, and the numerous instances of a similar nature otherwhere recorded, hardly leave any doubt in the matter.

There is one point in the foregoing case which seems of considerable interest. It is the change of color of the lungs, from the fœtal liver-brown to the light hue which took place after artificial inflation. This shows conclusively that the change of color is owing neither to the influence of the circulation, nor to any chemical or chemico-physiological influence of the inspired air upon the lung tissue, but simply to the physical effect of the presence of air, resulting in a different refraction of the light. If we take an India-rubber bladder, and squeeze the air out of it, it will look dark, while upon forcible inflation, its walls will become thinner, transparent, and of a considerably lighter tinge. A process similar to this takes place in the lungs. The air cells, the walls of which have hitherto been in close contact, and which have not formed cavities, are now expanded, their walls rendered thinner, and at the same time their cavities are filled with transparent gases; certainly condiconditions which a priori should lead us to expect the lungs to become of a lighter hue. The change of color, then, from the fœtal brown to the light tinge, being due to purely physical causes, and these physical causes being capable of application in the still-born, or even the immature fœtus, its physiological significance, in a medico-legal point of view, cannot be considered as positive, if, indeed, any significance can be attached to it.

Another point of some interest is the crepitus which was present, both on touch and when the lungs were cut with the knife. I must not forget to add that, from the cut surfaces of the lungs, there was exudation of serous fluid, more or less bloody, quite as much as I have seen in dissections of infants who had breathed.

It is hardly possible to arrive at another conclusion than this: that the lungs of a still-born child, or even of a seven or eight months fœtus, may be artificially inflated, and sufficiently so to float them.

Does artificial inflation leave any marks or traces in the lungs or elsewhere, by which it may be distinguished from natural respiration? This question—one of the utmost importance—will be dwelled upon subsequently.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MAY 26, 1860.

MEDICAL DEPARTMENT.—Service of Dr. Levick.

Acute Rheumatism treated with Propylamine.—Aneurism of the Aorta.—Anemia, with Softening of the Brain.

Acute Rheumatism.—This is the case of acute rheumatism treated with the chloride of propylamine, the first of those to which I called your attention at our last clinic. She is still very comfortable, and is now taking three grains of the salt thrice daily.

In this case the chloride of propylamine has seemed to be followed by very satisfactory results. The second case to which your attention was called at our last lecture has also continued to do well. I will now bring before you a very characteristic case of acute rheumatism, and if the result be as satisfactory, I think, as good jurymen, we shall justly render our verdict in favor of propylamine.

He is a seaman, æt. 26, who was admitted a few

days ago. Has had occasional rheumatic pains, but not so as to keep his bed, until eight days ago. The pains began in the right knee, subsequently affected the left knee, and later, the joints of the upper extremities. These joints are all swollen, tense and tender. His tongue is furred; his skin, at present, dry, though there has been much sweating. His pulse is full and strong, and about 90. His bowels were moved by Scudamore's mixture, and he was then put on the use of the chloride of propylamine, gr. iij., every two hours. He has now used it for twenty-four hours.

This, gentlemen, is what may be called a strictly typical case of acute rheumatism. There was exposure to cold and wet in a person of rheumatic diathesis, and this exposure is followed by a feeling of coldness, severe articular pain, beginning, as it usually does, in the lower joints, and involving the smaller and upper joints later. There is fever, and the profuse sweating so generally attendant on acute rheumatism,

You see I am careful to examine the heart. This should always be done in cases of this kind, even though the patient himself may not direct attention to it. Inflammation of the endocardium or of the pericardium, alone or conjointly, is so frequently associated with acute rheumatism, that it constitutes a very serious complication of the disease. Our patient has at no time experienced pain in this region, yet there was a distant bellows murmur heard on the day after his admission. It is a very fortunate circumstance that rheumatic pericarditis and endocarditis are not nearly so serious in their character as the idiopathic forms of these diseases are. But not only these structures, but also the pleuræ, and even the lungs, may be the seat of this rheumatic irritation, and when all these are simultaneously affected, as they sometimes are, the case assumes a most alarming character. I did not, however, bring this patient before you with the intention of giving you a lecture on all the points connected with rheumatism, but to again give a trial to the new remedy we are testing, and to exhibit to you this typical case, as I have called it, than which there could not be a fairer opportunity for trying the medicine in question. We are, therefore, avoiding the use of all other medicines, even anodynes, that there may be no misgivings as to which was the efficient remedy. You shall see the case at a future clinic.

Aneurism of the Aorta, with Hypertrophy of the Heart and Valvular Disease.—As a not unfrequent result of rheumatism, we have disease of the cardiac valves, of the aorta itself, and hypertrophy of the heart. We have here a seaman, who was admitted into the hospital yesterday. He is 43 years old, and has at different times been a patient in this house. It is difficult to get a connected history, but I have succeeded in learning from him that he had good health until eighteen years ago, when he had an attack of inflammatory rheumatism. Soon after this he had what he calls West India fever, with which he was laid up for six weeks, but, after this, was well until the summer of '46, when he was struck on the left breast with a wrench handle. This laid him up for a few days. Six months after this he had another attack of fever. Always has pains in his joints when he gets wet. Though he has but little shortness of breath at this time, yet he has had it "off and on" ever since he was hurt, especially when he walks fast or goes aloft. He came to us, as he has on several occasions, suffering from cough and bronchitis, of which last disease there were the usual sonorous and sibilant rales.

We ascertain that there is hypertrophy of the heart by the increase of dullness on percussion. In the normal condition we have dullness extending from the middle of the sternum about the fourth intercostal space out towards the nipple, but not reaching it, and the point of impulse of the heart is an inch within and below the nipple—while in the case before us, as you perceive, the dullness extends to the nipple, and the point of impulse is on a line with the latter. At the region of the mitral valve there is a harsh bellows murmur, along the aorta there is a strong sawing sound. There is a pulsation felt when the fingers are applied over the subclavian, and the characteristic aneurismal thrill is felt. There is a harsh stridulous cough, a very frequent attendant of this affection, and a perceptible modification of the voice. There is no great dyspnœa. (The patient having been dismissed, Dr. L. exhibited a dried anatomical preparation of the heart, aorta and its superior branches, explained the nature and formation of aneurisms, their symptoms progress and mode of termination.) In this instance it would seem that the part involved was the arch of the aorta, which from its position, receiving as it does the first jet of blood, is peculiarly prone to dilatation. From the fact that the thrill is most obvious at the left subclavian, and that the pulse of the left radial is much feebler than that of the right, it would seem that the tumor is most developed on the left side, involving, it is possible, the roots of the vessels given off at this part. It is very interesting in this case, to notice the occasional subsidence of all serious symptoms with which this man is at times troubled. He has on several occasions been admitted in the hospital suffering from urgent symptoms, remained quietly here for a fortnight, then has gone out, resumed his occupation as a sailor, even to going aloft, then returned again, been relieved, and again gone back to his ship. It is indeed by quiet and rest that most is to be gained in the treatment of this terribly dangerous disorder. At any mo-

ment, hastened by any undue exertion, rupture of the sac might occur and instant death result, while by pursuing an opposite course, life may be protracted for years. A striking illustration of this was afforded us in this hospital recently. A man was admitted in the summer of 1857, suffering from great dyspnœa, the result of aneurism of the aorta. There was also in his case effusion into the right pleural cavity. Under the use of diuretics, and by rest and quiet, this man improved greatly, and from a condition of horrible orthopnea, became able to move about, and at last to be quite useful as an assistant in the ward. So convinced were we of his critical condition, that we allowed him to remain in the hospital much longer than usual, so that for two subsequent years, I found him in his place when resuming my term of service. On one occasion, permission was given him to spend the day a few miles out of town. Being a little late for the cars, he walked rapidly, was seized with violent dyspnœa, and fell over in a fainting fit, and was brought back to the hospital.

In the spring of 1859, he was so comfortable that he was rarely in bed, and so far as general symptoms were concerned, presented little evidence of disease, but the physical signs continued; there were the same harsh sawing murmurs over the sternum, with the separate heart sounds. Contrary to our advice he determined to go to New York, which he did, but the hurry and excitement of landing were too much for him, and he fell dead a few minutes after he stepped ashore. A case very similar to this was reported in the London *Lancet* about a year ago.

In the treatment of such cases there are two truths which I wish to impress on you. Do not think every case of heart disease is to be treated with digitalis. While there are cases in which the violence of the heart's action is safely and best quieted by this sedative, there are others in which its use is in every respect improper. In many cases of valvular disease the structure of the heart itself has undergone great change. In some instances there is extreme dilatation of its walls, in others the tissue of the heart has undergone fatty or other degeneration. In such cases there may even be frequent action producing palpitation and dyspnœa; but this is not the strong contraction which will call for the depressing action of digitalis; on the contrary its influence, cumulative as it is, may so depress the heart's action, that it may cease to beat at all. So too, in those cases, in which the increased action of the heart is but the necessary compensation for the mechanical obstruction afforded by valvular constrictions; here the depressing effect of digitalis would be positively injurious.

Do not mistake, as I fear is sometimes done, a pulse which is *frequent and feeble* for one which is *rapid and full*. Remember that this very frequency is a result of, and to some extent the measure of debility, and that the pulse will become slower under tonic treatment.

Bear in mind, gentlemen, that there is no more certain provocative of increased action of the heart, than an anemic state of the blood, and that there is no more efficient means of preventing coagulation in the aneurismal sac, the chief hope of cure, than by diminishing the plasticity of the fibrin of the blood. In the first instance, every part of the body feeling its need of a supply of proper blood transmits its sense of this want to the brain, which in its turn conveys it to the heart, which is thus stimulated to increased frequency of action in its effort to supply in quantity of blood what is lacking in quality. Avoid therefore the method of treatment proposed by Valsalva, which consisted in extreme abstinence, but so moderately supply your patient with food, that he may escape the evils of plethora on the one hand, and of anemia on the other.

Anemia from Prolonged Lactation—Softening of the Brain—Death.—We have recently lost a patient whose case was an unusual one, and one of much interest. A woman, aged about thirty years, was admitted for anemia, which was very decided. She was the mother of three children, the youngest about four months old. There was an interval of but sixteen months between the births of the last two, and she had nursed the elder until within three months of the birth of the younger child, so that for six months gestation and lactation were both carried on. She was very poor, destitute of all suitable provision for her lying-in, and was left very feeble after her confinement. When received at the hospital she was very pallid, complained of a buzzing in her head, or as she expressed it, "a feeling as if there were a dashing of water in the head." Along the jugulars could be heard very distinctly the *bruit de diable*. There was frequent, but feeble action of the heart, but no other symptoms of disease of any kind existed. She was given full diet, and pills of the carbonate of iron and sulphate of quinine. After a few days she complained of sick stomach, occurring in the morning, and she believed herself to be again pregnant. This sickness was limited to the morning, later in the day she was able to leave her bed, and on the day preceeding her death was walking in the garden attached to the hospital. She was suddenly seized with convulsions, which continued for twelve hours, when she died. After death there were found minute tubercles on the pleura and on the mucous membrane of the intestines, in their very incipiency, and in a condition in which they did not appear to have produced any

irritation of these structures, as was shown during life by the absence of cough or of diarrhœa. There was a remarkable thickening of the entire muscular coat of the small intestine, but no disease of any other structure, excepting that of the brain. This was found *completely softened*, almost diffluent, and of a pale, creamy color. The thalamus opticus and corpus striatum were much softened, but the ramollisement was not limited to these structures, but involved a large portion of each hemisphere. There was no evidence of meningeal inflammation. Careful search was made for tubercles but none could be detected. Nor could any evidence be found of pre-existing inflammation in the substance of the brain. This was examined carefully, in mass, and subsequently by the microscope. The healthy brain tissue was everywhere broken down, but no compound granular corpuscles, or other evidence of cerebritis, could be discovered. The basilar artery was carefully searched for fibrinous clots, and its structure examined for osseous or other degeneration, none of which existed, and we are compelled to believe that the softening, which could not have been cadaveric, was due to inanition, to a want of proper nutrition, in consequence of the hydræmic condition of the blood, brought about by the prolonged lactation, the gestation, and the destitution under which our patient had suffered.

The periodical remission and exacerbation of symptoms in disease of the brain, is of frequent occurrence, but it is not a little remarkable that such a change of structure of the substance of the brain should have existed without loss of motion, or of intellect.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

THIRTEENTH ANNUAL MEETING,

Held at New Haven, June 5th, 6th and 7th, 1860.

Reported expressly for the Medical and Surgical Reporter, by Dr. J. SOLIS COHEN.

FIRST DAY'S PROCEEDINGS—*Morning Session.*

The members of the Association convened at the Chapel of Yale College, and at 11 A. M. were called to order by the President, HENRY MILLER, M. D. of Kentucky.

A prayer was offered by Prof. FISHER, of Yale College.

DR. JONATHAN KNIGHT, of Connecticut, on behalf of the Committee of Reception, welcomed the members of the Association to the hospitalities of the city. He spoke in graphic terms of the benefits accruing to the profession and to the world by the annual gatherings of the Association, which kept up a good feeling between distant members of the profession; he recommended such modes of action as would advance the general interests of the profession. He gave an epitome of the gradual progress of medicine, and dwelt at length upon the improvements in surgery, made during the present century, alluding to the operation of lithotripsy, the ligation of the large arteries, and the introduction of anesthetic agents. The address was listened to with profound attention, and greeted with marked applause.

DR. CHAS. HOOKER, Professor of Anatomy and Physiology in the medical department of Yale College, as Chairman of the Committee of Arrangements, addressed the Association as follows:

"*Mr. President and Gentlemen of the Am. Med. Association:*—It is with unwonted gratification that the Committee of Arrangements welcome you to the City of New Haven. And we only bespeak the common feeling of our citizens in saying that we are delighted—nay, proud—to receive you as our guests. We feel that any city is highly honored to become the chosen place of meeting of the Am. Med. Association—a select delegated national Congress, representative of forty thousand members of a learned and humane profession. As a city, we appreciate this honor, and should be ungrateful did we not receive you with a generous and cordial welcome. You meet, gentlemen, for a great and noble object—for the promotion of science, vitally linked with the interests of humanity. Your meetings have a most happy influence in strengthening those ties by which the great Fraternity of Medicine are bound in social compact. Another salutary incidental benefit of your meetings, results from their affording an annual period for relaxation and social enjoyment.

Too many physicians prematurely break down in their career of usefulness, in consequence of unremitted and arduous application to their professional duties; and many of you now present, whose exhausted physical and mental energies need recruiting, could hardly have been drawn away from your routine of toil and care, but for your sense of bounden duty to aid in the great object of this Association. We congratulate you, therefore brethren, on this annual recurrence of our National Medical Jubilee. In behalf of the Faculty of Yale, we welcome you to the halls of this ancient seat of learning, in which you are invited to hold your sessions; and in behalf of the

citizens generally of New Haven, we tender you the hospitalities of our city.

We hope that to all of you this meeting will be a season of pleasant social intercourse long to be remembered for the many friendships here formed; and we trust that the harmony and wisdom of your counsels will efficiently promote the great benevolent objects of our organization."

He then gave notice to the members that arrangements had been made to accommodate the meeting of the different sections as follows:

On Anatomy and Physiology—in Prof. Woolsey's lecture room.

On Surgery—in the Geological Cabinet.

On Practical Medicine and Obstetrics in the Geological Cabinet.

On Chemistry and Materia Medica—in the Chemical Laboratory.

On Meteorology, Medical Topography, Epidemic Diseases, Medical Jurisprudence and Hygiene—in the Chemical Laboratory.

At the last annual meeting in Louisville, it had been recommended to divide the Association into the above sections, in order to facilitate the transaction of business.

After the calling of the roll by the Secretary, Dr. S. M. BEMISS, Ky.,

on motion of Dr. JOHN ATLEE, all the medical officers of the Army or Navy present, were invited to take seats in the Association.

The committee appointed at the last meeting to prepare a code of parliamentary rules for the government of the Association, stated that their report, chiefly the work of Dr. CHAS. A. LINDSLEY, of Conn., was ready, and as it was brief, arrangements had been made for its immediate commitment to the press and distribution among the members, if adopted by the Association.

After some debate, the report was laid on the table.

A recess was here allowed, to permit the delegates from the different States, to choose their respective member of the Committee on Nominations.

At a quarter before one, the Association was again called to order, and the following gentlemen declared the Committee on Nominations:—

District of Columbia—Dr. Boyle.
Maryland—C. C. Cox.
Kentucky—R. I. Breckenridge.
North Carolina—James H. Dixon.
Tennessee—I. S. White.
Delaware—Lewis P. Bush.
Louisiana—Austin Flint, Jr.
Minnesota—D. W. Hand.
Georgia—N. W. Brown.
Massachusetts—D. Humphreys Storer.
Maine—Amos Nourse.
Indiana—Daniel Meeker.
New Jersey—J. S. English.
Rhode Island—James H. Eldridge.
New Hampshire—Geo. H. Hubbard.
Illinois—A. S. McArthur.
Mississippi—U. G. Williams.
Michigan—C. L. Ford.
Pennsylvania—Wilson Jewell.
Iowa—D. L. McGugin.
Ohio—Robert Thompson.
Missouri—M. A. Pallen.
Vermont—Charles L Allen.
Virginia—James H. Connag.
Connecticut—L. N. Beardsley.
South Carolina—H. R. Frost.
New York—H. D. Bulkley.

A motion was passed to invite the members of the Legislature of Connecticut, then in Session at New Haven, to be present at the Afternoon Session, as the address of the retiring President, which would then be delivered, would contain points of medico-legal interest. On motion the Association adjourned to meet again at 3 P. M.

Afternoon Session.

At 3 P. M., the Association was called to order by Vice President, H. F. ASKEW, of Delaware

GOV. BUCKINGHAM and Lieut. Gov. CATLIN of Conn., on the platform, were introduced to the meeting by the chairman.

The retiring President, Dr. HENRY MILLER, of Ky., then read his valedictory address.

Our space does not permit us to give this address in full. We subjoin a few extracts.

"Gentlemen of the American Medical Association:—It affords me a great satisfaction to greet you as representatives of the American medical profession, in this beautiful city—the city of Yale College—a city whose intelligent legislation has made ample provision for the education of her children. Let us accept our annual meeting on this classic ground as a token that our deliberations shall favor medical education, the improvement of which was the fundamental design of our National Association. In order that this great object should be readily obtained, I need not remind you how necessary a spirit of moderation is to all

our discussions, and most fervently do I hope such a spirit prevails, to preside over all our sessions.

The duties of the President of this Association are exclusively parliamentary. He is not even empowered to fill vacancies in subordinate committees, much less to give information to the Association of the state of the profession, which, it may be presumed, has occupied his thoughts. During my term of office I have been obliged to assume the power of filling vacancies; and in the performance of this, my last official act, I shall take the liberty of adverting to topics of high concern, not only to our profession, but to the public at large.

"At the last meeting of the Association, a Committee on Criminal Abortion made their report, which was received and referred to the Committee of Publication. The resolutions appended to the report were adopted, and the President and Secretary authorized to bring this important subject, in the form of a memorial, before Congress, and the several legislatures in the different States of the Union. By reference to the proceedings of the last annual meeting, it will be seen that the committee were requested to continue their labors, and take such measures as were necessary to carry into effect the spirit of the resolutions. The chairman opened a correspondence with me early last winter, offering to place at my disposal extra copies of the report, and also various papers published by him in the *N. A. Medical and Chirurgical Review*, containing all the matter necessary for the several legislatures to know, to act properly in the premises. I am happy to acknowledge my obligations for this gentleman's valuable assistance, not only in furnishing the documents he did, but in preparing a memorial, and an address to the State Medical Societies, asking their co-operation to bring this matter before the legislatures of their respective States. The memorial was transmitted, in January last, to the President of the United States and to the Governors of each of the States and Territories of the Union, the legislatures of several of the States being at the time in session. Of the disposition which has been made of these addresses I am not informed, but may indulge the hope that their Excellencies have submitted them to their various legislatures, or will embrace the earliest opportunity of doing so. From want of knowledge of the address of all the State Medical Societies, I was forced, in some instances, to direct to prominent medical gentlemen in various States, through whom I hope the papers reached their destination. I would here recommend that measures be taken by this Association to obtain annually a list of the various medical societies, and the address of their officers, to be published in our transactions. Besides permitting facility of correspondence, this would tend to bind our medical organizations more closely together, and render them more effective in the great work which it is proposed to accomplish through their instrumentality.

Having laid before you, gentlemen, the measures which have been taken to carry into effect the resolutions adopted at the last meeting of the Association on this interesting subject, which involves the honor of our profession and the great interests of Society, it becomes my duty to warn you that obstructions may be thrown in your path, which may require years of ceaseless vigilance and unremitting effort to overcome the popular ignorance on this subject, while many in your own ranks are to be watched. Popular sentiment either winks at abortion in the earlier periods of fœtal development, or only admits it as an indiscretion on the part of the mother, or rashness on the part of the practitioner. This opinion is known to be based upon erroneous views of physiology, derived, doubtless, as all such errors are, from the false speculations of physiologists and naturalists of a former age. Would a poor, delicate minded mother, who would shrink from the very idea of committing an immoral act, relieve herself of that which would otherwise become a burden upon her, were she informed by her physician of the enormity of the crime? The truth should be generally promulgated, that from the moment of conception, the new being, microscopic though it be, is endowed with all that appertains to the development of man. It is at once an individual being, and no more a part of the mother, though she bears it within her, than it is of the father; and is no more dependent on her during its development in the womb, than after birth, when it draws its sustenance from her breast. Were this taught universally, no woman, however degraded or fallen into vice, would go so far as to permit the destruction of her offspring.

It is difficult for legislation in a free country, where the people are the source of all political power, to rise higher than popular sentiment and intelligence. But it is the duty of all our legislatures, in questions which can only be determined by the science of medical jurisprudence, to endeavor to elevate popular

sentiment and remove the ignorance upon this point, rather than to degrade themselves. The necessity of legislation upon this point has been clearly pointed out by the chairman of the committee, and plausible suggestions for the enactment of a suitable law have been prepared by him. We hope the appeal made will not have been in vain.

The subject of medical education has occupied a large share of the attention of the American Medical Association since its first organization. It was indeed the urgent necessity of reform in the administration of its important interest to the profession which called forth from the Medical Society of the State of New York, a design for a National Medical Association, composed of delegates from the different medical societies and colleges, to meet in New York in May, 1846, and afterwards adjourned to meet in Philadelphia, in May, 1847, where it was resolved into the American Medical Association, which has since been in vigorous existence. Unfortunately there have been differences of opinion on the points of medical education, between those of our profession who occupy the position of professors and those who do not, and I may claim to be a mediator between them, as I have been with them, man and boy, for upwards of forty years', engaged in the study and practice of medicine, and for twenty-one years professor in a school, which at one time ranked third in the United States, in regard to the number of its pupils. Having laid aside the professorial garb two years ago, and become again one "among the herd," I am qualified to act as a "go-between."

The system of medical education adopted in the United States, is derived from our British forefathers, and recognizes the right of the great body of the medical profession to preside over the initiation of candidates for its honors and emoluments.

On the continent of Europe young men are transferred from the gymnasiums to the academies to receive their first lessons, as well as the finishing instruction in the profession of their choice. The different effect of this system from our own is calculated to do injustice to our institutions. The medical schools of this country have always, at least in theory, admitted that it is at once the high privilege and duty of all regular members of the great medical body to receive properly qualified and educated young men into their offices as students, to prescribe their studies, and to prepare them to profit in the largest manner, by the advantages they can nowhere obtain so well as in a properly regulated medical school. The founders of our first medical school were those who first learned from private instruction before they went abroad to the schools.

Here the history of several distinguished medical men, who received their first medical education in the private office of a practitioner, was alluded to.

These men established on this side of the Atlantic, an institution, in which the American education by private tuition might receive its finishing touch and reward, without the risk of the dangers incident to travel in the old world.

Previous to the establishment of a medical school in Philadelphia, most of the students of medicine received their education in the shops of practitioners, where medical lore was imparted, and the practical part of the apothecary carried on; and after the school was started, a Philadelphia graduate was looked upon as something superior, and more reliable than the less favored multitude of physicians.

If, according to our American system, medical education has its beginning in private tuition, and completed in medical schools, it follows necessarily that it is the function of the schools to receive their students at the hands of private teachers engaged in the practice of their profession, and to require vouchers that they have gone through the proper course of necessary training.

To dispense with this preparatory course would be a violation of the contract between public and private individuals, and also be an egregious wrong to the students themselves, by an attempt to instil into their minds an instruction which, by previous culture, they are not prepared to receive.

The true distinctions between physicians are not between professors and laymen, but between public and private teachers of medicine. Were medical instruction among us entirely committed to the schools, as in most European countries, this distinction would not exist.

Dr. Miller went on to say, that enough precaution was not taken even in selecting professors; that many teachers were unfit for their position, and their examinations of students were a farce. The qualifications of professors ought to be insisted on as well as the qualifications of students.

He spoke of the practical essays of Dr. Drake on medical education, published in 1832, in which he complained of the necessity of a higher standard of medical excellence, and the

extraordinary increase in the number of medical colleges in the United States, and stated that one cause is a want of due care in the selection of professors, by which, at present, the standard of excellence is such as to bring into responsible position those of even less than mediocrity in medical lore and literature.

The necessity of reform in the selection of teachers and the examinations of candidates, was fully insisted on.

The Secretary, DR. BEMISS, of Ky., then read additional names of delegates whose credentials had been examined by the Committee on Credentials since the morning meeting.

The Nominating Committee here reported the following names as those of officers for the ensuing year. The gentlemen nominated were elected by acclamation :

President—ELI IVES, Conn.

Vice Presidents—WILSON JEWELL, Pa., A. B. PALMER, Mich., JOS. P. LOGAN, Ga., JOS. N. MCDOWELL, Mo.

Treasurer—Caspar Wistar, Pa.

The CHAIRMAN then appointed the following escorts to the officers elect :

For Escort to President—Jonathan Knight, Conn., Dixi Crosby, N. H.

For Ecort to Vice Presidents—W. C. Snead, Ky., Wm. Brodie, Mich., Edward Warren, Md., R. C. Foster, Tenn., K. J. Bowditch, Mass., Lewis A. Sayre, N. Y., Jno. L. Atlee, Pa., Austin Flint, Jr., La.

A number of communications were then read, inviting the members of the association to visit the carriage factories of Messrs. J. & D. Cook & Son, and Messrs. Laurence, Bradley & Pardee, and also an invitation from Wm. H. Russel, M. D , to visit the evening drill and parade of the students in his Collegiate and Commercial Institute.

These were accepted, and hours set apart in which the members could visit the above places without interfering with attendance on the meetings of the Association.

Business was then suspended while the officers elect were conducted to their places by the Committees of Escort, and severally introduced to the Association by the Chairman, Dr. H. F. Askew, of Del.

DR. ELI IVES, President, in taking his seat, made a short address, in which he stated that, in giving thanks for the honor conferred upon him, he would be ungrateful not to publicly thank the profession for all he was and all he possessed. All his property and reputation had been derived from his profession, and therefore deserved his thanks. His father had been a physician, and one of the founders of medical societies; he had two sons and one grandson, physicians. He had always loved and enjoyed his profession, and to all present he would repeat what Dr. Rush remarked to his class in 1801 and '2 : "Gentlemen, if you don't like your profession, the sooner you leave it the better." He had been practicing medicine longer than any present, and that when he could no longer do so, he would himself be carried to the bed side.

DR. WILSON JEWELL, of Pa., stated that it is not customary for Vice Presidents to make addresses on their election, or to preside over the deliberations of the electing body. The first he would not attempt, but at the request of the President, (who is too aged and feeble to preside,) he would attempt the latter, and all he asked was allowance for any of his infirmities. He would endeavor to preside with strict impartiality.

Dr. N. S. DAVIS, of Ill., introduced the following resolutions, to carry into effect the arrangement adopted at the last meeting of the Association, to facilitate the transaction of business in the consideration of scientific matters by the division into sections :

Resolved, That the general meetings of the Association, after this day, shall be restricted to the morning sessions, and the afternoon sessions commencing at 3 o'clock, shall be devoted to the hearing of papers and discussions in the several sections.

Resolved, That each section shall choose its own officers, and make its own rules of order.

Resolved, That all essays, voluntary communications and reports, except those from the officers of the Association, and the committees on medical education, medical literature, and the committee on prize essays, shall be first presented or referred to the appropriate section and receive its recommendation, before they can be referred to the committee on publication.

The first and second resolutions were adopted. The reading of the third resolution called forth considerable discussion, during which several amendments were proposed and withdrawn. Some members thought that everything appearing in the printed account of the Transactions, should undergo proper revision and alteration by a special committee; others were of opinion that the Association was not responsible, as an association, for

everything that emanated from them, and therefore addresses and papers should appear in the original language of their authors without alteration. Several gentlemen refused to submit their papers to any revision, and stated that if the Association did not choose to print them as they were, they would publish them themselves at their own expense. Over an hour was consumed in this discussion, when, on motion, the resolution was laid on the table to give the mover an opportunity of so altering it as to meet the views expressed by the different members.

On the recommendation of Drs. Timothy Child, and David S. Conant, Dr. Wm. B. Little, of San Francisco, Cal., was admitted a member by invitation, there being no representative from his section of the country, a member of the Association. The following gentlemen were appointed a Committee on Voluntary Communications:

E. D. Force, Ky., Thos. W. Blatchford, N. Y., N. D. Davis, Ill., ——— ———, Rochester, N. Y., Dr. Renchberger, Pa.

The Treasurer, Caspar Wister, M. D., of Pa., then made his report:—

He reported that out of a list of 2,000 names, he had only some 200 annual subscribers to the volume of Transactions, and these were obtained only after the persisting solicitations of the Treasurer, addressed to each permanent member, announcing the publication of the last volume of the Transactions. Of the printed volumes of Transactions, there were still on hand, for sale at the following prices: years 1846 and 7, of the organization of the Association, 50 cents each.

Vols. 1, 2, 3, and 4, out of print.

Vols. 5, 7, 8, 9, collectively as a set, $5 00, separately $2 00 each.

Vols. 6, 10, 11, at $2 00 a volume.

Vol. 12, at $3 00.

Cash on hand, April 15, 1859,	$651 00
Received from delegates for last volume of Transactions, - -	2,430 00
On hand, - - - -	597 61

The report was accepted, and referred to Committee on Publication.

On behalf of the Committee on Publication, Dr. Caspar Wister reported that the delay in the appearance of the last volume of the Transactions had been caused by the delay of the authors of several articles in returning corrected proofs of their articles, the proofs having in one instance been detained 9 weeks, and in another 14 weeks. The committee hoped some action would be taken to prevent a similar occurrence in the future. The cost of printing the last volume of Transactions had been $1,659 00.

There were remaining on hand, of the volumes containing the proceedings of the first meeting of the Association, 45 copies; vol. 5, 241 copies; vol. 6, 11 copies; vol. 7, 51 copies; vol. 8, 212 copies; vol. 9, 242 copies; vol. 10, 165 copies; vol. 11, 152 copies; vol. 12, 497 copies.

The report was received, and referred to the Committee on Publication.

No other committees being prepared to report, the Association, on motion, adjourned.

—

Second Day.

Wednesday, June 6, 1860.

The Association was called to order at the Chapel of Yale College, at 9 o'clock, A. M., by Vice-President Dr. Wilson Jewell, of Pa. The minutes of the previous day's proceedings were read and adopted. On motion of Dr. Gardner, of Mass., the rules of order were suspended, to allow V. P. Dr. Logan to offer a resolution. Dr. Logan then tendered his resignation as Vice-President, which was accepted.

The Committee on Education, through Dr. Reese, of N. Y., Chairman, made their report.

The report urged the adoption of a higher standard of qualifications than are now considered requisite. The present winter sessions were considered too short, and they thought the session should continue six or nine months, and there be fewer lectures on each day.

They urged the introduction of chairs on various subjects, now not taught in medical schools, such as hygiene, medical literature, &c.

The report considered sufficient attention was not paid to clinical (at the bedside) instruction, and that the required curriculum of study should be extended to various collateral branches, without a knowledge of which, no man could properly perform his duties as a physician; even though he possess diplomas from regular medical schools; and they urged upon the Association the importance of taking prompt and efficient action to increase the standard of the profession, as whatever reform was to be instituted, should emanate from this body, and the matter should be taken in hand immediately, instead of appointing successive

committees, thus incurring a year's delay, again and again.

The Committee desired to be considered as having no desire for any fastidious reform, but only desired such changes as would increase the general interests of the profession.

In conclusion, the Committee offered the following preamble and resolutions, which they desired to be considered as part of their report :—

PREAMBLE.— *Whereas*, It is the deliberate judgment of the American Medical Association, that the time has fairly come for the introduction of improvements into the present system of medical education, which shall elevate the existing standard of qualification for the Doctorate, and especially for securing and encouraging a higher degree of attainment in the science and of skill in the art of medicine than has been heretofore accessible to students in our country, and

Whereas, This body of American Physicians is regarded by our fraternity everywhere, as the acknowledged head and representative of the medical profession in the United States, and it is therefore looked to for prescribing the terms and qualifications of those who are henceforth to be admitted and recognized into our fellowship as brethren and equals in the profession; therefore,

Resolved, That it be hereafter regarded as an indispensible pre-requisite to enrolment as a student of medicine in the office of any regular physician, that the party shall be at least seventeen years of age, of good moral character and habits, and shall have received a good English, classical and mathematical education, and be able to read and translate the Latin language, and have an elementary knowledge of Greek, so far, at least, as to be able to trace the derivations from it to the English language.

Resolved, That this same requisite be made indispensable before matriculation in any regular medical college can be allowed, and that the faculty of such College, and the preceptor of such candidate for enrollment, be required to ascertain such qualification by actual examination, and to certify thereto.

Resolved, That the term of study in the office of a regular practitioner, including attendance upon lectures, be, and is hereby extended to four years, the last year to be mainly employed in receiving clinical instruction in medicine, surgery and midwifery.

Resolved, That three full courses of lectures in a regularly incorporated college, or other body of lecturers recognized by the Association, be required of all candidates for the degree of Doctor of Medicine. Said candidate may be admitted to examination after three full years of study, on all the branches which they have been required to study, except clinical medicine, as above.

Resolved, That the period of instruction in every College be extended through the full term of nine months in each year, and that this time be divided into two sessions, the first to be chiefly occupied in instruction in the elementary branches only, and the latter to the practical and more complete branches. Those in attendance upon the former to constitute the junior class, and that upon the latter the senior. Not more than four lectures to be delivered on each day in either of the departments, and that each lecture be preceded by a recapitulation, in the form of question and answer of the lectures of the day before.

Resolved, That the number of professors in each college should be increased, so as to bear some proportion to the largely increased number of branches, a knowledge of which is necessary. This increase to be made in addition to those holding clinical chairs.

Resolved, That the examination of all the students for matriculation, which admits them into the junior class, shall be repeated before their entrance into the senior class, either by the Faculty, or by examiners appointed by them for the purpose, who shall certify in the one case to the fullness of their preliminary education, and in the other to their improvement, under courses of instruction in the junior or elementary department. Admission to the senior class should be contingent upon this latter examination. Similar examinations should be required at the commencement of each session, as to the improvement made in the preceding term.

Resolved, That the final examination for graduation, if made by the Faculty, should be in the presence of each other, and should be witnessed and certified by a board or committee of equal numbers, to be appointed for the purpose by each State Society, within whose bounds any college may be located, or by the Faculty, and without whose approval the degree should not be conferred. Due notice to be given by the faculty of the time and place for the examination, and each candidate to be separately examined.

Resolved, That no medical college be recognized by the American Medical Associa-

tion to be complete in its organization, and prepared to furnish the requisite instruction, which does not either possess a hospital of its own, or which has not made arrangements with a hospital containing not less than 80 beds, for the students of the college receiving regular clinical instruction, before being licensed to practice.

Resolved, That the so-called "College Clinics," cannot, in any useful or practical sense, be looked on as furnishing an adequate substitute for the clinical teaching required.

Resolved, That this Association regard with marked disapproval a practice which prevails with some of the Faculties of the Schools, viz: Of examining those students who are candidates for a degree, before the expiration of the regular session, and while the lectures are still in progress.

Resolved, That the titles of the several chairs in a school, as announced in its curriculum, ought to indicate a real teaching of the branches thus virtually promised to be taught, and not be assumed merely in conformity with further usage, or to gratify the temporary whim of a professor, to have an appendage to the title of his chair, while in the very next year he may abandon, and consent to its being appended to some other chair, or to its being omitted entirely in the next annual announcement. We may instance this, attaching physiology to anatomy, the latter being the substantive branch, and of itself taking up the whole time of the professor during the entire session, which is still too short for its legitimate purposes. Still more common and misleading is the appendage of diseases of women and children to midwifery, and that of medical jurisprudence at one time to materia medica, at another to midwifery, at a third to chemistry.

All of which is respectfully submitted.

(Signed) D. MEREDITH REESE, Ch'n, (N.Y.)
JOHN BELL, (Phila.)
W. K. BOWLING, (Tenn.)
Z. PELETIER, (Mich.)
CHAS. FISHBACK, (Indiana.)
Committee on Medical Education.

On motion of Dr. McDOWELL (Mo.) the Association went into Committee of the Whole to consider the above resolutions, and after some debate arose, reporting progress, and asked leave to sit again.

Report of Committee on Medical Literature was referred to the Committee on Publication without reading.

The Committee on Nominations reported that they recommended the next meeting of the Association to take place in Chicago, Ill., on the first Tuesday in June, 1861.

They nominated the following officers:

Secretaries—S. G. Hubbard, Conn., H. A. Johnson, Ill.

Committee of Arrangements.—N. S. Davis, Ill., G. W. Freer, Ill., De Laskie, Willon, Ill., E. Andrews, Ill., H. W. Jones, Ill., Thos. Bevans, Ill., J. Bloodgood, Ill.

On Prize Essays.—Dan'l Brainard, Ill., D. L. McGuigan, Iowa, M. L. Leaton, Mo., Jno. Evan, Ill., A. L. McArthur, Ill.

Committee on Publication.—F. G. Smith, Pa., Caspar Wister, Pa., S. C. Hubbard, Conn., R. J. Breckenridge, Ky., Edward Hartshorne, Pa., H. F. Askew, Del.

Vice President—In the place of Dr. Logan, resigned, R. D. Arnold, Ga.

These officers were elected by acclamation.

Committee on Prize Essays reported they had received no essay, in their opinion, worthy of awarding a prize, which report was referred to the Committee on Publications.

The rules of order were suspended to bring up the third resolution of Dr. Davis, of Illinois, laid on the table yesterday.

The resolution was at length adopted under the following form:

Resolved, That all essays, voluntary communications and reports, except those of officers of the Association, reports of committees on medical education, medical literature and prize essays, shall be first presented to the Association and referred to the appropriate section, in which they shall be examined and discussed; after which they shall be returned to the secretary of the association, accompanied by an expression of opinion as to whether they are worthy of publication or not, and the secretary shall pass all such designated to be worthy directly to the Committee on Publication; and others not so designated shall be retained by the Secretary or returned to their authors, as the latter may indicate.

DR. LEWIS A. SAYRE, N. Y., was appointed a special Committee on Morbus Coxarius and Surgical Pathology of Articular Inflammation, read his report, which was confined to the first subject, giving an account of 72 cases, and the operations performed. Referred to the Surgical Section.

Surgical Treatment of Strictures of the Urethra—James Bryan, Penna., reported progress and asked for longer time; referred to its proper section.

Drainage and Sewerage of large cities, their Influence on Health—A. J. Semmes, Cornelius Boyle, G. M. Dove, D. C., reported progress and asked for longer time.

Puerperal Tetanus: its Statistics, Pathology and Treatment—D. L. McGuigan, Iowa; report the same as above.

Hospital Epidemics—R. K. Smith, Penna.; laid over.

Puerperal Fever—S. N Green, Ind.; laid over.

Anæmia and Chlorosis—H. P. Ayers, Ind.; reported progress and asked to continue the committee to report next year.

Veratrum Viride—J. B. McCaw, Va.; laid over.

Alcohol; its Therapeutical Effects—J. W. Dunbar, Md; asked for a change in the title, making it read, "Alcohol in its relations to man;" granted. Report next year.

Meteorology—J. G. Westmoreland, Ga.; laid over.

Milk Sickness—Robt. Thompson, Ohio; partial report made; accepted and referred to section of Practical Medicine.

Manifestations of Disease of Nervous Centres—C. B. Chapman, Wisconsin; laid over.

Microscopic Observations on Cancer Cells—Geo. N. Norris, Alabama, chairman, asked to resign; committee discharged.

Philosophy of Practical Medicine—James Graham, Ohio; laid over.

On some of the Peculiarities of the North Pacific and their relations to Climate—William H. Doughty, Georgia; absent.

On the Microscope—John C. Dalton, Jr., N. Y., David Hutchinson, Ind., A. R. Stout, Cal, Calvin Ellis, Mass, Christopher Johnston, Md.; report next year.

Diseases and Mortality of Boarding Schools—C. P. Mattingly, Ky., Dixi Crosby, N. H.; reported progress; referred to its proper section.

On Various Surgical Operations for Relief of Defective Vision—M. A. Pallen, Mo., T. J. Cogley, Ind., W. Hunt, Penn.; laid over.

On the Blood Corpuscle—W. Sager, Michigan; referred to proper section, with additional time.

American Medical Necrology—C. C. Cox, Md. Report was ordered to be read before the Convention, Thursday; amended to have Dr. Cox retained as chairman, and report next year.

Effects of the Virus of the Rattlesnake, when introduced in the System of Mammalia—A. S. Payne, Va.; reported progress and was discharged.

Constitutional Origin of Local Diseases, and the Local Origin of Constitutional Diseases—W. H. McKee, N. C., C. F. Haywood, N. Y.; laid over.

Subcutaneous Injections as Remedials—I. Langer, Iowa; not allowed to report, not being an accepted delegate.

Quarantine—D. D. Clark, Pa., E. M. Snow, R. I, W. Jewell, Pa., E. D. Fenner, La., I. W. Houck, Md.; asked to be continued. Agreed to.

Medical Ethics—B. F. Schenck, Pa, chairman, resigned, and asked that Dr. Paul F. Eve, of Tennessee, be substituted; agreed to. Report next year.

Tracheotomy in Membranous Croup—A. N. Dougherty, N. J. Partial report; this was accepted, and referred to the Surgical Section. Further time allowed to make out the report.

Effect of Perineal Operations for Urinary Calculi upon Procreation in the Male—J. S. White, Tenn. Letter from Dr. White read; laid over.

Mercurial Fumigation in Syphilis—D. W. Yandell, Ky.; laid over.

Cause and Increase of Crime—W. C. Snead, Ky.; asked to be continued. Agreed to.

Education of Imbecile and Idiotic Children—H. P. Ayres, Ind. Report offered; referred to its proper section.

Pons Varolii—Partial report. The Committee wished to be continued; agreed to. Referred to Section on Anatomy.

The Committee on Voluntary Communications reported that they had received several communications on different subjects, which were referred to their appropriate sections.

Several reports and abstracts of reports on special subjects were presented, and referred to their appropriate sections.

One o'clock, the hour of adjournment, having arrived, a motion to continue five minutes longer prevailed. A little general business was then transacted, and the Convention adjourned.

There was no general meeting of the Association on the afternoon of the 6th inst., as by a resolution passed in the morning, the different sections to which special papers were referred met to discuss the particular subjects allotted to their consideration, the members of the Association distributing themselves, and visiting that section in whose deliberations they felt most interest. These sections met in different rooms, as follows:

Section on Anatomy and Physiology, in President Woolsey's Lecture Room.

Section on Surgery, in the Geological Cabinet.

Section on General Medicine, in the Geological Cabinet.

Section on Chemistry and Materia Medica, in the Laboratory.

Section on Meteorology, Medical Topography, Epidemic Diseases, Medical Jurisprudence and Hygiene, in the Laboratory.

Third Day.

The Association was called to order at 9 A. M. by the President, Dr. ELI IVES; afterwards, Dr. Jewell, of Philadelphia, presided.

The minutes of the previous days' proceedings were read by the first secretary, Dr. S. G. HUBBARD, of New Haven.

A list of newly registered delegates was read, making the number over five hundred.

On motion of Dr. ARNOLD, of Georgia, it was resolved that no communication read before the Association should occupy more than ten minutes in its reading, and no speaker should occupy the floor longer than ten minutes,

On motion of Dr. SHATTUCK, of Massachusetts, the rules of order were suspended, in order to allow Dr. BOWDITCH, chairman of the Committee appointed to take into consideration the propriety of contributing in the erection of a suitable memorial to John Hunter, in Westminster Abbey, to present his report. On motion, it was resolved that the Committee on Nomination be requested to consider the report and resolutions attached to it, and report thereupon, presenting the names of one from each State represented, who shall be empowered to take such action in the matter as may be hereafter agreed upon by the Association.

The Committee of Conference appointed to confer with the Committee of medical teachers reported through their chairman that they had had several meetings in New York and New Haven during which the subject of medical education had been fully discussed. He stated that in the convention of Teachers the following resolutions were adopted:

"1st. *Resolved*, That the Medical Colleges represented in this Convention, are willing to adopt the rule, if it be recommended by the American Medical Association, that every candidate for degree of Doctor in Medicine must present certificates of having assiduously studied medicine during the period of three full years under the direction of a regular practitioner of medicine, recognized as such by the American Medical Association, who shall certify to the same under his own hand, and of attendance on two *full* courses of medical lectures in a medical school, recognized as regularly organized by the American Medical Association, with an interval of at least three months between the termination of the first course and the commencement of the last

2d. *Resolved*, That the medical colleges represented in this Convention, are willing to keep a register of their students, in which shall be entered the name, the age, the period of commencing medical studies, and diploma already received, with the name of the college conferring it, and the name of the preceptor.

3d. *Resolved*, That the medical colleges represented in this Convention, allowing that the proposed plan of admitting delegates from State Societies to attend the examination of the candidates for the degree of Doctor in medicine to have been successfully carried out in several places do not think that it can with advantage be universally adopted; but at the same time they are ready to ascertain and discuss any other measure by which the admission of unsuitable and unworthy members within the ranks of the profession can be prevented.

4th. *Resolved*, That this Convention earnestly recommend the American Medical Association to adopt such measures as will secure the efficient practical enforcement of the standard of preliminary education adopted at its first organization in May 1847, or of a standard put forth by the medical society of the State in which a college is located, and, that medical colleges will thankfully receive and record the certificates alluded to in said standard, and one of moral character, whenever the profession generally, and the preceptors will see that students are properly supplied with them.

5th. *Resolved*, That Hospital Clinical instruction constitutes a necessary part of medical education, and that every candidate for the degree of Doctor in medicine, shall be required to have attended such instruction regularly for a period of not less than four months.

6th. *Resolved*, That the members of this Convention are ready to co-operate in any efforts by which the attention of the community and of legislatures shall be called to the importance of the endowment of medical colleges and professorships.

7th. *Resolved*, That the attention of the American Medical Association be called to the proofs, in a letter from a German Medical Professor, of the degree of Doctor in medicine being conferred in Germany on unsuitable persons to be used in this country."

[At the meeting of the Convention of Medical Teachers, during the discussion on the above resolutions, Prof. LOGAN, of Georgia, offered the following as a substitute:

WHEREAS, it is apparent that the medical colleges of the United States are not disposed to adopt the measures indicated by the American Medical Association, for the establishment of a higher system of medical education, as manifested by the failure upon the part of a large portion (and among the number some of the most prominent) to be represented at the Convention of Colleges, held last year in Louisville, and by a renewal of the same course of action towards the adjourned meeting of said convention, and as no action on the part of the colleges represented would be likely to effect any change in the present system of medical education, and any attempt on the part of this limited representation to imitate any reform might be regarded as an offensive assumption of power; therefore,

Resolved, That this body declines to act for the medical colleges of the United States.

Resolved, That in the medical colleges alone resides the power of effecting any desirable change in the present system of medical education, and it is only from their united action that any good result can be expected.

Resolved, That a committee of ——— be appointed to report the action of this body to the American Medical Association.

The substitute was discussed by Profs. LOGAN, SHATTUCK, CROSBY, MCGUGIN, MCDOWELL, STORER, and PALMER, and was finally rejected.]

The chairman then read the following communication, addressed to the Convention of Teachers, by Prof. HENRY N. FROST, of the Medical College of South Carolina, in regard to medical education in the South:

"I should wish to be heard while I make a few remarks on the progress of education at the South, and the advances we have made in fulfilling the requirements of the Association. The report in my hand of the Dean of the Medical College of the State of South Carolina, of the graduates of that college and their requirements, presents a total of 114 graduates—all of whom had a preparatory education, such as the Association requires. Nearly all, with the exception of six, have had good literary opportunities: some graduates of colleges—others of academies of high repute—others instructed in the classics. Even those whose studies were confined to English, have had their minds strengthened by the study of mathematics.

"In making this statement, I would not be understood to say, that they were well versed in the classics; but they have enjoyed the opportunity, and profited in a greater or less degree by it. Neither would I be understood to say, that our graduates are all doctors. The diploma conferred, is only an evidence that they have undergone a course of study; that they have been instructed in the principles of the profession, and made acquainted with the means by which they are to arrange and systematize the various occurrences presented to them; in short, that the foundation has only been laid by which they are to pursue advantageously their researches, and act for themselves. To be able doctors and successful practitioners, requires years of study and observation, and there are many who, after all this application, have never been made doctors.

The community in which a young graduate resides, soon becomes aware of this fact; it is only after a long apprenticeship, and years of toil and devotion to his business, that he acquires practice and confidence. Confidence is proverbially a plant of slow growth, and it is only after the individual has proved himself worthy that it is freely bestowed. Still, however, every doctor has been a student, and as such has to endure taunts and imputations as to his qualifications. I well remember when a student in medicine, forty-seven years since, fashionable ladies commented upon the homely appearance and neglected dress of the students of Philadelphia, and tauntingly remarked that there was little to be observed in the streets but dogs and Virginia doctors! Yet from these classes, of whom these remarks were made, there came forth a Wood, Mitchell, Meigs, McClelland, Hodge, Bartons, Deraeh, and, not to forget my own section, Dickson, Holbrook, Ramsay, and many others. Yet these young men were as ungainly as many at the present day; but they contained the gem, as many at the present day, which required only to be polished. Education has been progressive to my observation; our graduates show their desire to excel by seeking opportunities abroad for greater acquirements. In my day, or reading was desultory and

without system. My preceptor pointed to his library, and told me to select my reading. My anatomical studies were pursued with a scalpel and the Dublin dissector. Our clinical instruction was nothing virtually. Mark the difference at the present time: your winter and summer courses; your crowded hospitals; your private instructions, and your model plates, &c. All these speak trumpet-tongued, that the work of improvement is onward."

In conclusion, the committee offered the following resolutions for adoption by the Association:

Resolved, That it is the duty of medical colleges to require of every candidate for the degree of Doctor of Medicine, certificates of study during the full period of three years, under the direction of a regular practitioner of medicine, recognized by the American Medical Association, who shall certify, under his own hand, as to an attendance on two full courses of lectures, with an interval of at least three months between the termination of the first and the commencement of the second course.

Resolved, That every medical college shall keep a volume, in which every medical student presenting himself, shall enter his name, his age, the period of his commencing the study of medicine, any diploma he may have received in evidence of previous education, with the name of the college or school from which he received such diploma; and the name of the preceptor with whom he has been studying.

Resolved, That hospital clinical instruction constitutes a necessary part of medical education, and every candidate should be required to have attended such instruction regularly for a period of not less than four months.

Resolved, That the professors of every medical college should recommend to their trustees, or board of managers, the adoption of a rule authorizing them to allow the attendance of two or three delegates, from the State Medical Society, at all examinations of candidates for the degree of the doctorate, and accord to these delegates a vote on the question of recommending such candidates for a degree.

Resolved, That every State Society be recommended to choose proper delegates at its annual meeting, to attend the examination of candidates for the degree of M. D., at all the medical colleges within their respective States.

Resolved, That this Association will not recognize as a regular organization, any college which does not require evidence of suitable preliminary education from all applicants for collegiate medical instruction.

Resolved, That we commend the use of all proper efforts, by which the attention of persons of means and liberal disposition, as well as legislative bodies, shall be directed to the propriety of endowing such medical colleges, and professorships thereof, as shall be recognized by the Association.

Resolved, That this Association recognize as a regularly organized medical college, one which has been represented at any meeting of this Association, and which complies with the preceding rules and directions.

Resolved, That this Association recognize as regular practitioners of medicine, all who have been members of this Association, and have not forfeited their rights and privileges, and all members of State and County Societies, in full standing.

The report was received, and taken up by sections. When the first resolution came up, a motion was made to amend, by striking out that part requiring an interval of three months to elapse between the termination of the first course and the commencement of the second; the objection being that the resolution, if adopted as offered, would do an injustice to summer schools, whose sessions would have to begin three months after the closure of the winter sessions, in order to graduate students, thus throwing the session into July, August and September, and crowding upon the next winter session; and that such a course would drive students altogether from the summer schools.

Dr. McDowell, of Missouri, spoke in strong terms against the amendment. He despised the plan of some professors, who teaching at a winter school in the South, immediately the winter session closes, bring their half fledged brood to a Northern summer school, and there delivering a *second* course of lectures, foist their hastily hatched students upon the medical profession. He was entirely opposed to the practice of pushing and forcing, which was becoming so rampant.

The discussion was further participated in by Drs. Shattuck, of Boston, Austin Flint, N. Y., Brodie, of Mich., Palmer, of Mich., Morse, of Me., Atlee, of Pa., and others.

Dr. Jno. L. Atlee, of Philadaelphia, would rather increase the interval to six months. Nor did he want, as others had suggested, to leave the matter to the discretion of the professors

in the different schools. His experience proved that a man never becomes a thorough and proper student of medicine until *after he has attended his first course of lectures*, for he then learns what is required, and how he should direct his studies so as to profit by them; and as he studies in the interval between the collegiate courses, the demonstrations of the previous winter reappear to him as he reads his text books, giving an interest to the study he could have sought for in vain before he had attended a course of lectures. He would rather have the course of instruction lengthened to 8 or 9 months, and have a less number of daily lectures. He wanted no student to have credit for attendance on more than one full course in one year, no matter how many regular courses he may have attended, and he moved to amend the amendment by striking out "an interval of 3 months, &c.," and inserting, "and no student shall be credited for having attended more than one full course of lectures in any one year."

Dr. Palmer, of Mich., said that many of the students he had met with voluntarily placed an interval of more than one year between their two courses of lectures. That they only became students in truth after attending one course of lectures, and they would be seen at college one winter and be missed the next, reappearing the third winter, when they would come forward and bear off the honors of the school.

Dr. Morse, of Me., thought the appetite for legislation was too great. He wanted no restrictions to the aspirant for medical honors. He objected to the amendment as unjust to poor students, who would be forced to lose one year waiting for a degree that might have been employed in some pecuniarily profitable manner, if they were allowed, as they often do, to study two years before attending lectures, often while working at the same time for support, and then having saved the sum necessary to pay for their tickets attending two courses of instruction, one following directly upon the other, thus complying with the requisites of three years study and attendance on two full courses of lectures, even though they attend two full courses in one year.

A motion of Dr. Bennett, of Dansbury, Conn., to lay the whole matter on the table, was lost.

Dr. Johnson, of Mo., did not want the courses to follow too closely on each other. Apart from other considerations, such a course would crowd the student too much, and overtax his powers of physical and mental endurance. Students required time for relaxation, whether they wanted it or not, and therefore he was in favor of a considerable interval between the courses, and only one course in a year.

Dr. Worthington Hooker, of New Haven, Conn., thought there was not too much actual instruction being crowded together that was to be avoided, but rather too much lecturing, which brings different subjects in too close connection before the minds of the students, and taxes their energies too much, and therefore he did not want the courses crowded on each other; nor did he want the lectures to be as crowded as they usually are. He stated that in the medical department of Yale College it was customary to make a distinction in the ability for receiving instruction, between medical students who had received the advantages of a previous classical education, and those who had not enjoyed this privilege; and that they considered classical students full one year in advance of the others, and that they made this distinction in their favor regarding the length of time required to be devoted to the special study of medicine. They only required two years application from classical students, while they exacted three years' study from all others. He firmly believed that a difference of one year should be made, but he would prefer the course of application to be extended one year longer in each case, thus making it three and four years' study instead of two and three, as it now is.

Dr. Atlee was here allowed to alter his amendment so it should read, "and no student shall attend a second course of lectures until a year shall have elapsed since the commencement of the first course."

Dr. Davis, of Illinois, thought that the design of the resolution had been generally misunderstood by the members of the Association. He considered that the great fault in medical education, which they were trying to discover and rectify, consisted in the laxity exhibited in exacting from each student of medicine a suitable amount of preliminary education. He wanted a previous education, and he knew that if energetic young men love the profession of medicine and desire to become enrolled among its votaries, they would take care to obtain the necessary education if they did not possess it; and those who did not think the profession worthy of this trouble, were much better out of it; and if the preliminary education was exacted, we should have an intelligent and educated body of physicians, and

not be obliged to accept among us those of whose general literary attainments we are ashamed.

He also disliked the plan of delivering the same course of lectures to students of the first and second course. Those who had studied medicine but six months' could by no manner of means comprehend what was intended for students of three years standing; and it was folly to demand it of them. He wished the colleges to be so re-organized, that there should be a gradation of instruction according to the advance made by the several classes of students.

Dr. REESE, of N. Y., remarked, that as the winter schools closed in March, and the summer schools could not, by the resolution, begin in June, this would force students to employ in study the months of July and August, which is the general period of relaxation from labor—and thus virtually, in a great measure, prevent graduation at the summer schools.

After some more discussion, the amendment of Dr. Atlee was adopted, when a motion was made by the opponents of the amendment, to lay the *resolution* on the table. This motion was lost, and finally, the *resolution, as amended, was adopted.*

Second resolution, adopted.

Third resolution, adopted.

The fourth resolution was amended by Dr. McCaw, requiring "that in those States where there are regular State Medical Societies, the delegates elected to be present at the examinations of candidates for the degree of M. D., in all the medical schools of the State, should be selected from the members of the State society; in those States where there are no societies, the selection is to be made from members of the profession in good standing."

Dr. JNO. L. ATLEE, wanted no representation of examiners from any except State Medical Societies, which would force those States where they did not exist, to organize State Medical Societies, and therefore he opposed the amendment, though he favored the original resolution.

Dr. STORER, of Mass., wished no restrictions to be placed on medical schools.

Dr. MUSSEY, of La., wanted to have a resolution passed, providing for the examination of teachers before they were elected to professorships, and to pass no men but those who were known to be favorable to the ideas of the Association, regarding medical instruction.

Here a tumultuous clamor arose, during which the amendment was withdrawn, and the previous question called for and sustained; when the resolution was, upon call, again read, and finally adopted as originally reported.

The fifth resolution gave rise to a good deal of discussion as to the propriety and the right of placing medical schools under the censorship of the State Medical Societies.

Dr. TIMOTHY CHILDS, of Berkshire, Mass., stated, that forty years ago he called for a board of examiners to be present at all examinations for a degree, and that he had never ceased to urge the propriety of so doing. He had never passed a student without such a supervision.

He stated that he was the first man to introduce into medical colleges a Professorship on Pathology, and he was always in favor of enhancing the dignity and worth of his profession, and as long as he was able to raise his voice, he would oppose to the utmost all those who attempt to lower the standard of medical excellence, regardless of the motives that prompt them to do so.

Dr. WORTHINGTON HOOKER, of New Haven, Ct., explained that Yale College, further back than forty years ago, had, of its own accord, adopted the plan contained in the resolution under consideration, and during his connection with the college, there had not been one whisper of disapprobation regarding it. There was harmony between the State Medical Society and the institution, which feels the genial effects of that harmony, which gives it its strength and position.

He thought that all medical colleges should be closely watched by the State Medical Societies of their respective States.

The resolution was adopted.

Sixth resolution adopted.

Seventh resolution adopted.

Eighth resolution adopted.

The ninth resolution was, after some little discussion, on motion, laid upon the table.

The whole report was then adopted and referred to the Committee on Publication, for publication in the forthcoming volume of Transactions.

The committee on nomination then reported the following appointments on Standing and Special Committees, which was received and adopted, and the nominations accepted.

Committee on Medical Literature.—Frank H. Hamilton, N. Y. Edward Warren, Md. Chas. A. Lee, N. Y., J. W. C. Ely, R. I., E. H. Clark, Mass.

Committee on Medical Education.—Sevin T. Jaynes, Va., Christopher C. Cox, Md., J.

C. Bradbury, Me., L. H. Steiner, Md., M. A. Patten, Mo.

On the Surgical Treatment of Strictures of the Urethra—Jas. Bryan, Pa.

On Drainage and Sewerage of Large Cities—their influence on public health—A. J. Semmes, La., C. Boyle and C. M. Dove, D. C.

On Puerperal Tetanus—its statistics, pathology and treatment—D L. McGurgin, Iowa.

On Anaemia and Chlorosis—A. P. Ayres, Ind.

On Alcohol and its Relations to Man—J. W. Dunbar, Mn.

On Milk Sickness—Robt. Thompson, Oramel Martin, Ohio, S. W. Bemis.

On Microscopic Observations on Cancer Cells—Geo. W. Norris, Pa.

On Blood Corpuscles—A. Sager, Mich.

On the Hygenic Relations of Air—C. C. Cox, Md., Chas. W. Parsons, R. I.

On Quarantine—D D. Clark, Pa., M. Snow, R. I, Wilson Jewell, Pa., E. D. Fenner, La., J. W. Houck, Md.

On Medical Ethics—Paul F. Eve, Tenn, J. A. Morphy, Ohio, N L Linton, Mo., R S. Powell, Ga, B. F. Schenck, Pa.

On Tracheotomy in Membranous Croup—A. N. Dougherty, N. J., Geo. H. Gay, Mass., J. M. Minor, N. Y.

On the Effect of Perineal Operations for Urinary Caculi upon Procreation in the Male—J. S. White, Tenn., J. B. McCaw, Va, R. C Foster, Tenn.

On Mercurial Fumigations in Syphilis—D. W. Yandell, Ky.

On the Cause and Increase of Crime, and its mode of Punishment—W. C. Sneed, Ky.

On the Microscope—R. C. Stiles, Vt.

On Gangrene of the Lungs—C. L. Allen, Vt.

On the Relations which Electricity sustains to the Courses of Disease—Isaac Capelbury, Ind.

On the Morbid and Therapeutic Effect of Verbal and Moral Influences—Alfred Hitchcock, Mass.

On the Causes of the Extinction of Aboriginal Races, more especially of the Red Men of America—Geo. Suckley, N. Y.

To report on the practical workings of the United States law relating to the inspection of drugs and medicines—E. R. Squibb, New York, and F. Bowditch, Mass, Prof. Jos. Carson, Philadelphia.

On the Causes and Treatment of Ununited Fractures—E. K. Sanbone, and

On Diptheria—Alonzo Clark, New York.

On the effect of stimulants in the treatment of fractures—John W. Russel, Ohio.

On Dislocation of the hip and shoulder joints—Moses Gunn, Michigan.

To Investigate the conditions demanded for a diploma of Doctor of Medicine in the various Medical Schools and Universities of Europe—J. Baxter Upham, Mass; Robert Thompson, Ohio; George C. Shattuck, Mass.

In regard to the committee on the memorial to JOHN HUNTER, the following resolutions were adopted:—

Resolved, That it be recommended to the different States to collect subscriptions of not more than one dollar each, from every regularly educated physician. All money so collected to be forwarded by the Chairman of the Committee hereby appointed, to the Treasurer of the HUNTER Medical Fund in London.

Resolved, That Drs. Henry J. Bowditch, Mass.; Amos Mourse, Maine, George B. Twitchell, N. H.; Charles Clark, Vt., G. L. Collins, R. I.; Charles Hooker, Conn.; Henry D. Bulkley, N. Y.; Wm. Elmer, N. J.; Jno. L. Atlee, Penna; James Cowper, Del.; C. C. Cox, Md.; J. B. McCaw, Va.; Cornelius Boyle, D. C.; James H. Dickson, N. C; H. K. Frost, S. C.; R. D Arnold, Ga.; John Nott, Ala.; G. A. Nott, La.; W. G. Williams, Mass.; C. A. Page, Mo; J. B. Landsley, Tenn; R. J. Breckenridge, Ky.; J. W. Russell, Ohio; A. B. Palmer, Michigan; Calvin West, Ind.; Patrick Gregg, Ill; D. L McGugin, Iowa; J. B. Douseman, Wis.; D. W Hand, Minn.; O. Harvey, Cal.; F. G. McSparack, Ark., be a committee to collect subscriptions.

A resolution was adopted to send a copy of the resolutions passed, to each Medical School in the country.

A resolution was adopted, directing that a seal of the Association be given to every Medical School in good standing, reserving the privilege of demanding the same upon sufficient evidence that the School had no longer claims to its possession.

It was moved, that in order to expedite business without a session next day, the sections meet at 2½ P. M., and at 4 P. M. the Association again convene to close business and receive their reports.

—

Closing Session.

The Association was called to order at 4 P. M., by V. P. WILSON JEWELL, in the chair.

Various special committees were called upon to report, and failing to do so were discharged

—other reports which had been placed on the Secretary's table were, without reading, on motion, referred to the Committee on Publication, with power to act.

The various sections were called upon for their reports, and the various papers respectively discussed by them were referred to the Committee on Publication.

The report of the Committee on Rules of Order, lying on the table, was then called for and read, and the order of business acted upon, and the articles severally adopted, and afterwards the whole report was laid on the table.

A communication was read from the Essex Co. Medical Society, of the State of New Jersey, containing the following preamble and resolutions, for action upon by the Association:

Whereas—the indiscriminate sale of poisonous drugs at retail, is fraught with danger to the community; be it

Resolved, That in the opinion of this Association, it is the duty of the public authorities in the different States of the Union, to pass prohibitory laws against the retailing of morphia, strychnine, prussic acid, etc., except on the written prescription of a regular practitioner of medicine, or on the personal application of a well-known citizen—and that a committee be appointed in the different States, to endeavor to carry into effect the spirit of the resolutions. The paper was received and the resolutions adopted.

The report was referred to the Committee on Publication, with power to act.

On motion of Dr. DAVIS, of Ill, it was decided that the committee called for, be appointed at his leisure by the President of the Association.

On motion, Dr. COX, of Md., was requested to present at the next meeting of the Association a paper on Necrology.

Dr. A. N. DOUGHERTY, from the Committee on Tracheotomy, reported that from the mass of facts they had gathered with regard to the result of this operation, the proportion of successful operations, was 1 in $3\frac{4}{10}$. The statistics of cases in this country, as far as ascertained, was 17 cures out of 58 cases.

Trousseau before 1844 had 212 cases, of which there were 40 cures and 132 deaths—after 1848, he had in 49 cases 48 deaths From 1849 to 1858, he had at the Children's Hospital, at Paris, 466 cases—which resulted in 126 cures and 340 deaths. Another operater met with but 4 cures in 36 cases. Statistics of other operators were presented, and at the request of Dr. Dougherty, the report was referred back to the committee, with power to complete the report, and present the same at the next meeting of the Association.

Dr. BELL, of Brooklyn, offered the following resolution:

Whereas, Some of the papers submitted to this Association, require a longer period of time for their examination than the annual meetings will admit of: therefore, be it

Resolved, That the several sections have power to refer such papers to experts, who shall determine whether they are worthy of being referred to the Committee of Publication, for publication in the Transactions.

On motion, this was laid over to the next meeting of the Association.

A motion of Dr. CHAPIN, that all papers which had not been disposed of by the sections, should be referred by the Committee on Publication to experts, who should report back to them, whether the papers were worthy of publication in the transactions, was laid on the table.

Various rules of order and amendments to the Constitution, which had laid over from previous meetings, were again indefinitely postponed.

A communication from the Clinton County Medical Society of Iowa, to which was appended a Catalogue of the College, was read.

This communication charged the Western Reserve College with having exceeded its rights and privileges, in conferring the degree of the doctorate upon one Freeman Thompson, who had not come up to the requirements of their curriculum, who had not been examined by the professors in the presence of censors, and who had not been in attendance on lectures since the session of 1848–9 a single day. It stated, that at one time the Western Reserve College acknowledged the truth of the above charge, and at another time denied it.

They called the attention of the Association to this case, and desired that the Western Reserve College be refused representation in the Association. Various papers were appended to the communication, substantiating the truth of the facts mentioned.

A motion was made to refer the whole subject to a select committee of three, to be appointed hereafter by the Chairman, who should report on the same at the next annual meeting of the Association.

DR. DAVIS, of Illinois, reminding the mover of the existence of a permanent Com-

mittee on Medical Ethics, created for just such purposes, the motion was altered to refer the matter to the Committee on Medical Ethics, with instructions to report at the next annual meeting, and carried.

A communication was read from the Legislature of Connecticut, stating that the Judiciary Committee had under consideration their memorial on Criminal Abortion, and asking, in order to further the matter, that a committee be appointed by the Association, to frame a bill meeting the exigencies of the case, to be presented for due consideration of the Legislature.

It was moved and carried, that the chair appoint a proper committee, to draw up such a bill as would meet the views of the Association, and present the same to the Legislature of the State.

A motion was made to alter the time of meeting from June to May, so that if the Association desire to meet in 1862, in New Orleans, they could do so before the time, when yellow fever occurs. This being an amendment to the constitution, was laid over for one year.

On motion of Dr. S. W. BUTLER, of Philadelphia, it was resolved, that this Association request the Convention of Medical Teachers to be perpetuated in connection with the American Medical Association, and meet in conference the day previous to the annual meetings of the Association, and report to the same.

On motion, the same committee appointed last year was continued, any vacancies occurring to be filled by the President.

On motion of Dr. J. L. ATLEE, of Philadelphia, the chairman of the Committee on the Memorial to John Hunter, was empowered to fill any vacancy which may occur in that committee.

A motion by Dr. MASON, of New York, that a committee of five be appointed to prepare rules of order for the Association, and to report them at the next annual meeting, was laid on the table.

A communication from Elmira, N. Y., was read, advising the offer of a prize for the best essay on the application of mechanical contrivances in the practice of surgery, having reference to the cure or alleviation of hernia, stricture of the urethra, stone in the bladder, fractures, dislocations, &c., was referred to the Surgical Section of next year.

A vote of thanks was passed to the retiring officers, for the efficient manner in which they had performed their duties.

A resolution was passed to the effect that the thanks of the Association are due to the Faculty of Yale College, the medical profession, and citizens of New Haven, for the elegant hospitality tendered to the Association; and to the proprietors of the different manufactories, for the generous manner in which they welcomed the delegation to inspect whatever of interest their factories embraced; and to the railroad and steamboat companies, who have reduced their fare on the respective routes, in favor of the delegates to this Association.

Various amendments to the constitution, laid over from last year, were called up and indefinitely postponed.

Dr. LEWIS A. SAYRE, of New York, offered a resolution, that the Smithsonian Institute be asked to collect all the medical literature that has appeared in this country, and is scattered in various journals and periodicals, and collect it in a general library for the purposes of the profession.

On motion of Dr. DAVIS, of Ill., the Association went into a committee of the whole to consider the report of the Committee on Medical Education, Dr. Askew, Del., in the chair. An animated discussion ensued as to the extent of preparatory qualification, which ought to be exacted from young men designing to commence the study of medicine, but no conclusion being arrived at, the Committee rose, and reported that they had considered the above report, but had no suggestions to make to the Association, and recommended the resolutions to the Committee on Publication.

Dr. HAMILTON, of Brooklyn, N. Y., moved the adoption of a resolution to devise a plan for the organization of a College, or Board of Examiners, to be called the College of Physicians and Surgeons of the American Medical Association, in order to arrest all legislation which has reference to medical schools, and to determine what shall be the prerequisites to a degree of doctor in medicine. Said College to consist of one member from each State, and to meet annually, immediately before the annual meetings of the Association.

Dr. S. W. BUTLER, of Philadelphia, stated that the whole plan in detail, only under a different name, had been brought before the Association at a previous meeting.

Dr. COX, of Maryland, was exceedingly surprised at the idea of such a suggestion, and spoke against it in bitter terms, though at the same time he urged the necessity of a

proper preliminary education for medical students.

Dr. THOMPSON, of Ohio, said that the asserted prerequisites for a degree in reference to preliminary education, established twenty years ago, were always disregarded in his State.

After some general discussion on this subject, the Association, on motion, adjourned *sine die*.

———o———

The Medical Society of the State of Pennsylvania convened on Wednesday, Thursday, and Friday last, Dr. D. F. Condie presiding. We are so much crowded this week with the report of the American Medical Association, that we must delay the report of this meeting till next week.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JUNE 16, 1860.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION AT NEW HAVEN.

A full report of the proceedings of the Thirteenth Annual Meeting of the American Medical Association will be found in this number. The occasion called together a very large delegation, representing almost every State in the Union. Nearly five hundred delegates registered their names. In point of numbers, therefore, the meeting was a decided success. In influence, also, this meeting would compare favorably with any former meeting of the Association, for it was evidently composed, in large part, of men who were past the meridian of life, and who would be likely to stand high in their respective communities. No one who saw this meeting would have the hardihood to assert that the Association was a field chiefly used "by young men to display their oratorical powers in." Indeed, the large number of men who had been from fifteen to forty years in practice, who were present, and who took part in the debates, was a noticeable feature of this meeting. We heard it remarked by citizens of New Haven, that so august an assemblage had never before met in New Haven.

The profession of Philadelphia was not as well represented as it should have been, (neither of the colleges had a representative,) though Dr. Gobrecht was present as a delegate, we believe, from the County Society. We trust that Philadelphia, having heretofore shown so much interest in the Association, will not now draw back her hand.

In respect to the fulfilment of its high mission—the advancement of the profession of the country—the influence of this meeting was, in our opinion, excelled by but one other, viz. that in which the Association was first organized. The division of the Association into sections, though this was the first time the plan has been put into practical operation, showed to very great advantage. The sections on Surgery, Practice of Medicine, and Obstetrics, and Meteorology, and Epidemics, transacted a good deal of very important business. We understand that an unusually large number of papers were presented, most of which will be published in the next volume of the Transactions. The Surgical Section attracted the most attention. At its sittings, as also at the general meetings of the Association, the attendance was very large, both of delegates and of spectators, including many ladies.

The committees of the Association and of the Medical Schools, consisting of five from each body, which were to confer on the subject of medical education, each presented elaborate reports, which met with very general favor. Dr. Blatchford, of Troy, chairman of the Committee of the Association, to which were referred also the "New Jersey resolutions," embodied some of the ideas contained in those resolutions. In this connection, we would refer to the fact that near the close of the meeting Dr. Frank H. Hamilton, formerly of Buffalo, N. Y., now of Brooklyn, proposed a committee of inquiry into the propriety of establishing "a College of Physicians and Surgeons of the American Medical Association," whose members should become such by examination. This, our readers will perceive, is but a reproduction, in another shape, of the ideas contained in the "New Jersey resolutions," which were originated some three years since by the senior editor of this journal, and have been before the Association now for two years.

The ideas are growing in favor, and we rejoice at the prospect of their ultimate adoption in some shape. The discussions on medical education attracted much attention outside of the Association.

We cannot conclude this brief notice without speaking of the admirable manner in which Dr. Jewell, the first Vice-President, guided the deliberations of the Association. Much valuable time was saved by his promptitude and knowledge of parliamentary proceedings.

The citizens of New Haven deserve mention for their hospitality and attention to the comfort of their guests. The entertainments provided were sumptuous, and the whole arrangements, both for the meetings and for the entertainment of the Association, were very complete. We may take occasion to refer to these entertainments next week.

OUR POSITION.

We have been taken to account severely by the American Medical Gazette for remarks made in reference to some "groundless apprehensions," regarding the American Medical Association and the politico-medical occurrences in some of the medical schools during the last winter. Events have shown that the views advanced by the REPORTER, were those of the profession generally; and the unanimity with which this matter has been *let alone* in the American Medical Association, proves that we were correct in what we said. Indeed, we can hardly conceive how the subject could legitimately have been brought before that body; while at the same time we can easily imagine, how, once introduced, it would in all probability have given rise to much difficulty, and might have endangered greatly the usefulness of the Association.

In congratulating the profession of our country, on what has been done, or rather on what has been left undone in this matter, we can easely afford to bury in the tomb of charitable oblivion the onslaught made on us by the aforesaid journal, for giving utterance to what we considered, what we knew to be, the almost unanimous sentiment of the profession. The vox populi in political and social affairs may not always be the vox Dei; in medical ethics and polity however, we believe that the sentiment of the professional masses seldom errs, and that it needs but to be awakened to find its own proper and natural channel. We live no longer in the day of the one-man-power. The democratic element pervades medical science and literature, as it does science and literature generally. Professional opinion and sentiment, like public opinion and sentiment, is in our day not made by this man or that man, this set, or another set of men. They grow! Our duty as journalists in this respect is chiefly to watch and to study the phenomena, the progress and the final tendency of the medical ethics and polity of our day, and to record them. But while doing so it must and shall ever be our task to oppose whatever tendency we may espy dangerous to the real progress of medicine, and to favor and boldly set forth whatever we believe to be in the interest of the scientific and ethical elevation of the healing art, of which it has been beautifully and truly said that it is "clinical christianity."

From this position, while endeavoring to represent the interests of the profession, we cannot be driven by any one-man power, however severe its attacks unscrupulous its means, and selfish its motives.

Items and Miscellany.

The Medical Men of the Japanese Embassy at an Operation of Lithotomy.—On the day after the arrival of the Embassy a favorable opportunity occurred for giving the Japanese doctors the advantage of seeing one of the most important surgical operations under the hand of one of the greatest American Surgeons. The medical officials of the party have evinced much interest in acquiring a knowledge of the enlightened state of medical science, and Dr. Gross being, in his private practice, about to operate for stone in the bladder, on Sunday morning last, it was suggested that they would appreciate the opportunity of being present.

The operation of lithotomy is one in the performance of which this eminent surgeon has peculiarly a reputation for skill in its execution and the success of its results, and

the present incident seemed remarkably apportune for displaying to the visitors operative surgery at its highest developement.

An invitation was accordingly tendered to the Japanese physicians by Professor Gross, and was conveyed to them by Drs. S. W. Gross and Morris J. Asch. It was accepted with avidity by the physicians, and some distinguished personages of the Embassy also requested an opportunity of being present. The party, including the physicians Drs. Mrayama and Kowasaki, Nanousa Geasiro, the Governor of Jeddo, and the executive officer of the Embassy, left the Continental Hotel in carriages accompanied by Dr. McDonald of the Naval Commission, Drs. S. W. Gross, M. J. Asch, and Dr. W T. G. Morton, of Boston.

On arriving at Dr. Gross' residence the visitors were presented to the family of Dr. Gross, and to a number of prominent medical men of the profession in this city, and to some distinguished strangers, among them Dr. Henry Miller, late President of the American Medical Association.

After the formalities of presentation, which were courteously performed by Dr. McDonald, they walked a short distance to the residence of the patient to be operated upon. Here, in conversation with Dr. Gross, through the interpreter and Dr. McDonald, Dr. Mrayama, the first in rank among the physicians, stated that the operation of lithotomy was sometimes performed at Jeddo. The manner of its performance was stated to be "Dutch fashion," which on further description appeared to be some operation through the perineum, but in what manner, from the interpreter's ignorance of medical technicalities, could not be well defined.

They examined the instruments before the operation minutely and with earnest attention. It was evident that they were not familiar with them and with the use of some, as that great essential the staff, they seemed entirely ignorant.

The ether was shown to them and the method of its administration explained through the interpreter by Dr. Morton, whose name is so honorably associated with the great discovery.

They then intelligently examined the patient's pulse and his general condition, and manifested a great interest in the proceedings. Each of them sounded for the stone, and seemed familiar with the instruments for exploring the bladder.

On commencing the administration of the ether, one of the Japanese physicians still expressed surprise, expecting to see it swallowed instead of inhaled, and remarked, that in Japan they give patients something to drink previously to operations; probably a narcotic. They handled the bottles of ether, and examined the sensible properties of the article.

The usual lateral operation was performed by Dr. Gross, assisted by his colleague, Dr. Pancoast, Drs. S. W. Gross, Asch, and Levis; and the anæsthetic was administered by Dr. W. T. G. Morton. During the inhalation of the ether, they examined the pulse of the patient, and one of them felt for the pulsations of the posterior tibial artery behind the inner malleolus.

There were present, besides those mentioned, Drs. Norris, S. H. Dickson, W. A. Pancoast, Kirk, and others.

The operation, which was the sixty-fourth of the distinguished surgeon, was executed with his usual precision and rapidity, and a large calculus was removed. The patient was a favorable subject for the operation—tall and muscular, about thirty-six years of age, and apparently in good health.

Some excitement was manifested by the oriental doctors on the removal of the stone. They examined it carefully, and remarked that it was larger than any they had seen at Yedo.

The appearance of these members of the Embassy, is as grotesque as that of their associates, but differs from the rest in having their heads entirely shaved. This is the custom of the profession in Japan. They are small in stature, and much inclined forward, and their frames seem not to be very muscular. Their countenances are bright, and there is great vivacity in their manner when excited, as in speaking; but at other times they exhibited the solemnity of demeanor and expression which belongs to all oriental nations. The faces of most of those present at the operation were pitted with smallpox cicatrices; and we were informed by Dr. McDonald, that vaccination has been but recently introduced into Japan.

In a phrenological view, their heads are not generally deficient, and two of those present, of the highest caste, had well-shaped crania.

Their dress is very rich, and each carried two swords—the longer of which was laid down on entering the room. Each of them wore a peculiar badge of three white leaves, enclosed in a white circle on each side of his

dress, which is the distinctive mark of those in the immediate service of the Tycoon. Their manner is exceedingly refined and polite, and they expressed much gratitude to Dr. Gross for his attention to them.

Dr. Pancoast gave them an invitation to be present at his operations at the Pennsylvania Hospital and Jefferson Medical College, which they, bowing very lowly to him, thankfully accepted.

A Talk with a Japanese Doctor.—Drs. Agnew, Levis, and Lehlbach had a short communication with Dr. Kowasaki, at which it was ascertained that he possesses considerable anatomical knowledge.

No interpreter was present, but he was able to make what he wished, comprehensible by a knowledge of some English words and by various significant signs.

Diagrams of the systems of circulation, respiration and digestion were made by Dr. Agnew, and the parts were instantly recognized and named by the Japanese doctor. Dissection, he said, is performed in Japan, and for that purpose the body is divided into four parts. The calvarium is removed in the usual manner, by transverse section with the saw.

One of the most remarkable facts developed was, that they use the metallic suture for closing wounds. He distinctly called it in English "the silver thread," and said that iron wire is not used for the purpose. They perform both flap and circular amputations. He seemed familiar with the ordinary instruments in a pocket case, and went through the movements of the uses of some of them.

At the Clinic of Dr. J. J. Levick at the Pennsylvania Hospital on Wednesday last, Dr. Kowasaki was present. Patients affected with tuberculosis were shown to him, but evidently auscultation and percussion is a "*terra incognita*" to the Japanese. Dr. Kowasaki took great interest in the examination of some microscopical specimens shown and explained to him, as also in the spirometer, galvanic battery, etc., etc.

Dr. Henry Miller, late President of the American Medical Association, on his way homeward from New Haven, spent a few days in this city, and was entertained at the residence of his former associate, Dr. S. D. Gross. On Monday evening a number of the professional friends of Dr. Miller, met him at a pleasant réunion, through invitation of Dr. Gross.

Amputation at the Hip-Joint was performed by Professor Pancoast, last Wednesday, on a patient in the Pennsylvania Hospital, who was suffering from a large fungus hæmatodes of the thigh. Only a few ounces of blood were lost during the operation, and the patient so far is doing well.

Dr. Kowasaki Downing, of the Japanese Embassey was present during this and several other operations.

A Japanese Order for Drugs.—The chief physician of the Tycoon sent by Nanousa Geosiro, Governor of Yedo, an order for certain medicines, to be procured in this country. The original manuscript of the order, which was written by the chief physician, was shown to us by Dr. McDonald, of the Naval Commission. It is handsomely written, and the names of the articles are given in both English and Japanese, and some are repeated in Dutch.

The following is a list of the articles ordered: Extract of Cicuta, Extract of Hyoscyamus, Digitalis, Squills, Laurel Water, Muriate of Baryta, and Colchicum.

Answers to Correspondents.

Dr. J. E. M., of Ohio.—The *Dublin Medical Press* is not reprinted in this country. The original can be ordered through J. Sabin, No. 27 south Sixth street, Philadelphia, and will be received regularly every two weeks. The *Press* is published weekly, and is an excellent journal, presenting particularly the progress of Irish medical literature, and has the credit of fairly representing everything American. It deserves more attention and circulation than it has yet acquired here.

Dr. N., who has recently visited the clinics at the hospitals and colleges in this city, complains that numerous opaque heads of assistants obscured his view of most of the operations which he saw (?) performed. He considers them nuisances, and wishes to know whether they cannot be removed. We cannot offer a remedy for the "nuisances," but for "removing" them expeditiously, would suggest the *guillotine*.

COMMUNICATIONS RECEIVED.—*Alabama*, Dr. A. M. Graham, [with encl.]—*Delaware*, Dr. James H. Hopkins—*Georgia*, Dr. Wm. A. Wright, [with encl.,] Dr. Theodore M. Darnall, [with encl.,] Dr. A. Pye, [with encl.]—*Indiana*, Dr. Frederick Waggoner, [with encl.,] Dr. G. W. Robbins, Dr. W. H. Simmons, [with encl.]—*Illinois*, Mr. E. D. Gates, [with encl. for Drs. J. W. Freer, E. C. Rodgers, and Ch. White]—*Kentucky*, Dr. R. D. Porter, [with encl.]—*Missouri*, Dr. Cary N. Hames—*Mississipi*, Dr. Wm. R. Strode, [with encl.]—*New Jersey*, Dr. J. K. Pitney, [with encl.]—*New York*, Dr. J. Parmely, Dr. Geo. N. Cook—*Ohio*, Dr. B. M. Tailor, [with encl.,] Dr. A. H. Stephens, [with encl.,] Dr. James B. Welsh, [with encl.,] Drs. Bean & Sharpe, [with encl.,]—*Pennsylvania*, Dr. B. D. F. Baird, [with encl.,] Dr. D. B. Marshall, [with encl.,] Dr. D. M. McCarrell—*Vermont*, Dr. S. H. Currier.

Office Payments—By Mr. Hulme: Drs. N. G. Thompson, J. Pounder, Isaac D. Winters, Alex. R. Gaston, A. Murphy, D. D. Kennedy, Duffield Armstrong, G. Rowland, Dr. Edward Shippen, Mr. F. A. Ware, Mr. Ord, (adv.,) Dr. John Stedler.

MARRIAGES.

BELLANGER—PAYNE—At the residence of the bride's father, near Flushing, L. I., June 5th, by Rev. Robert S. Manning, J. B. Bellanger, M. D., of Millstone, N. J., to Miss Mary A. Payne.

HINES—ARMSTRONG—In the borough of Doylestown, on Tuesday morning, the 5th inst., at the residence of the bride's father, by the Rev. A. C. Wheat, A. J. Hines, M. D., of Upper Dublin, Montgomery county, to Miss Annie M. Armstrong, of Doylestown, Pa.

DEATHS.

HETICH—At his residence, in Bucyrus, Crawford county, Ohio, Feb. 12th, 1860, of a second attack of paralysis, after a long illness, Andrew Hetich, M. D., in the 49th year of his age. Dr. Hetich was born in Chambersburg, Pa., where he studied medicine with Dr. N. B. Lane, graduated at Jefferson Medical College in the spring of 1836. In the fall of the same year he removed to Bucyrus, at that time a comparatively new settlement, being a portion of the reserve granted by the Government to the Wyandotte tribe of Indians. At once he succeeded to a large, lucrative practice, which he retained and increased until his failing health incapacitated him from attending to its arduous duties. His enterprising spirit, force of character, genial and generous disposition, and admirable social qualities, made him a prominent member of community, and gathered round him a large circle of earnest friends, over whom he exercised a commanding influence, and who adhered to him with an enthusiastic devotion. Death did not surprise him, for he had long observed its approach, and waited for it calmly and with resignation. He leaves behind him a wife and six children.

BROWN—At Greensburg, Westmoreland county, Pa., on the 30th of May, 1860, of organic disease of the liver, Dr. Samuel Potter Brown, in the 60th year of his age. The peculiarly amiable qualities of Dr. Brown in all the relations of life, endeared him to so many, that his loss will be felt as a domestic affliction in a far wider space than his own family circle, and his friends far and near feel their only consolation in knowing that a future of the just and good awaits him.

TRUSS
AND
BRACE DEPARTMENT,
CONNECTED WITH
NEEDLES' PHARMACEUTICAL STORE,
12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES, (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

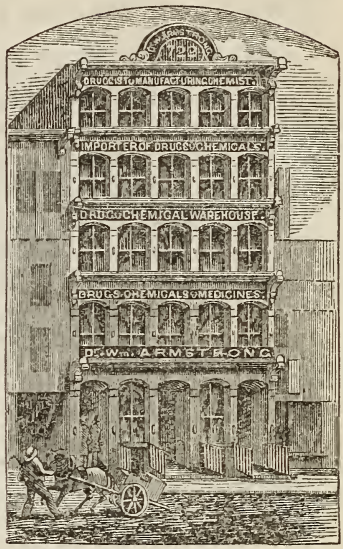
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with above, with flattering results. 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.


DRUGS & MANUFACTURING CHEMISTS
IMPORTERS OF DRUGS & CHEMICALS
DRUG & CHEMICAL WAREHOUSE
DRUGS CHEMICALS & MEDICINES
Dr. Wm. ARMSTRONG

Also a General Assortment of Concentrated Medicines, from the Labratories of
MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut	2 to 5	1 50
Alnuin	Res. Rd. Neut	2 to 10	75
Apocynin	Rd. Res. Neut	½ to 3	2 00
Asclepin	Rd. Neut	1 to 5	1 50
Baptisin	Res. Neut	1 to 8	1 00
Barosmin	Res. Neut	1 to 3	2 00
Caulophylin	Rd. Neut	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut	2 to 5	1 25
Chimaphilin	Res. Rd. Neut	2 to 5	1 00
Collinsonin	Res. Neut	2 to 5	2 00
Colocynthin	Rd	½ to 2	2 00
Cornin	Rd. Neut	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut	1 to 3	3 00
Cypripedin	Rd. Neut	2 to 4	1 00
Digitalin	Rd. Alk. two Neut	⅛ to ½	1 50
Dioscorein	Res. Neut. M. R	2 to 5	1 50
Enonymin	Rd. Alk. Neut	1 to 4	2 00
Enphorbin	Rd. Neut	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk	2 to 5	1 50
Fraserin	Res. Neut. and M. R	2 to 10	1 00
Gelsemin	Rd. Alk. Neut	¼ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd. Neut	3 to 8	2 00
Hamamelin	Res. Neut	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut	⅛ to ½	2 50
Irisin	Res. Rd. Alk. Neut	1 to 3	1 00
Jalapin	Res	2 to 5	1 50
Juglandin	Rd. Neut	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut	2 to 5	60
Lupulin	Res. Rd. Neut	1 to 4	75
Lycopin	Rd. Neut	1 to 4	1 00
Macrotin	Rd. Alk. Neut	½ to 2	60
Menispermin	Rd. Alk. Neut	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut	½ to 3	1 00
Podophyllin	Rd. Alk. Neut	½ to 3	60
Populin	Rd. Neut	2 to 5	50
Prunin	Rd. Neut. Amyg	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to and sent to all parts of the United States, by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Phila'a.

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P. . . . $0 37½
Aloes et Assafœt: U. S. P. . 37½
Aloes et Ferri . . . 37½
{ Pulv: Aloes, Socot: ½ gr. / " Zingib: Jam: 1 gr. / Ferri Sulph: Exsic: 1 gr. / Ext: Conii ½ gr. }
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
{ Pulv: Aloes Socot: / " Sapon: Hispan: / " Fruct: Colocynth: / " Gambogiæ / Olcum Anisi }
Anti-bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . . 37½
" Comp: (Plummer's) 3 grs. . 37½
{ Calomel / Oxysulph Antimony / Guaiacum Resin }
Calomel et Opii . . . 37½
{ Calomel 2 grs. / Opium 1 gr. }
Cathart: Comp: U. S. P. . . 37½
Cinchon: Sulph: 1½ grs. . . 50
Cook's, 3 grs. . . . 37½
{ Pulv: Aloes Soc: 1 gr. / " Rhei 1 gr. / Calomel ½ gr. / Sapo Hispan: ½ gr. }
Colocynthidis Comp: 3 grs. . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . . 37½
Copaibæ et Ext: Cubebæ . . 37½
{ Pil: Copaibæ, 3 grs, / Ext: Cubebæ 1 gr. }
Copaibæ Comp: . . . 37½
{ Pil: Copaib: / Resin Guaiac: / Ferri Cit: / Ext: Cubeb: }
Fel Bovinum, . . . 50
{ Inspisated Oxgall 2 gr. / Powd: Jamaica Ginger, 1 gr. }
Ferri (Quevenne's) 1 gr. . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . 37½
Ferri Comp: U. S. P. . 37½
Ferri Iodid: 1 gr. . . 50
Ferri Lactat: 1 gr. . . 37½
Ferri et Strychniæ . . . 62½
{ Strychniæ 1-60 gr. / Ferrum per Hydrogen (Quevenne's) 2 gr. }

PIL: Ferri Valer: 1 gr. . . 75
Ferri et Quin: Cit: 1 gr. . 50
Ferri et Strychniæ Cit: 1 gr. . 37½
{ Strychnia Cit: 1-50 gr. / Ferri Cit: 1 gr }
Galbani Comp: U. S. P. . 37½
Hooper (Female Pills) . 37½
Hyd argyri, U. S. P. 3 grs. . 37½
Ipecac et Opii, 3½ grs. . 37½
Pulv: Doveri, U. S. P.
Opiii, U. S. P. 1 gr. . . 37½
Opii et Camphoræ . . 50
{ Pulv: Opii, 1 gr. / Camphoræ, 2 grs. }
Opii et Plumbi Acet: . . 37½
{ Pulv: Opii, ½ gr. / Plumbi Acct: 1½ grs. }
Quiniæ Sulph: 1 gr. . . 62½
Quiniæ Sulph: 2 grs. . . 1 00
Quiniæ Comp: . . . 75
{ Quin: Sulph: 1 gr. / Ferrum per Hydrogen (Quevenne's) 1 gr. / Acid Arsenious 1-60 gr. }
Quiniæ et Ext: Belladon: . . 62½
{ Quiniæ Sulph: 1 gr. / Ext: Belladon: ½ gr. }
Rhei, U. S. P. . . 37½
Rhei Comp: U. S. P. . 37½
Scillæ Comp: U. S. P. . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
{ Pulv: Aloe Scott: / Gum: Mastich: / Flor: Rosæ }
Zinci Valerian: 1 gr. . 75
GRANULES, Acid: Arsenious, 1 20 gr. . 25
" " 1-50 gr. . 25
Aconitia, 1-60 gr. . . 50
Atropia, 1-60 gr. . . 50
Corrosive Sublimate, 1-12 gr. . 25
Digitalin, 1-60 gr. . . 50
Elaterium (Clutterbuck's) 1-10 gr. . 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr. . 25
" Nux Vomica, ½ gr. . 37½
Mercury Iodide, ¼ gr. . 25
" Red, 1-16 gr. . . 25
Morphia Sulphate, 1-10 gr. . 37½
" " 1-6 gr. . 50
" Valerianate, ¼ gr. . 62½
Quinia Valerianate, ½ gr. . 1 00
Silver Nitrate, ¼ gr. . 37½
Strychnia, 1-20 gr. . 37½
" 1-40 gr. . 37½
Veratia Sulphate, 1-12 gr. . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of emicals and Chemical Apparatus, for distribution. 180, 1v

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 192. } PHILADELPHIA, JUNE 23, 1860. { NEW SERIES VOL. IV. NO. 12.

ORIGINAL DEPARTMENT.

Communications.

On the Use of Quinine in Scarlatina.

By Abraham Livezey, M. D.,
Of New Hope, Pa.

Observing in the issue of June 2d, of the Reporter, in the Periscopic Editorial Department, a few meagre remarks in reference to the treatment of scarlatina with quinine, I beg leave to add my testimony, more fully, to that of Dr. Sellers, and say that that "dosing" of his may be repeated with safety and advantage every morning, so long as the case requires. However, in our more northern climate (Pennsylvania) I should not think such large doses necessary, or even advisable. For many years I have invariably been accustomed to treat scarlatina—premising a mild emetic or emeto-cathartic—by the administration of just as much quinine, in divided doses, in the morning, as I would give the case were I anticipating an ague chill at 11 o'clock. During the afternoon, so long as the febrile paroxysm continued, I would give either small and repeated doses of tr. aconite, or tr. verat. viride, to reduce the fever, moderate the heart's action, moisten the skin, etc.

The following morning I would confidently expect to find a marked remission of fever, or even intermission—each day of much larger duration—and provide for the same by leaving four doses of quinine, suitable to the age of the child, to be given an half hour or hour apart.

Solution of chlorate of potassa as a common drink, is allowed throughout the sickness, with mucilage of elm, gum acaciæ, etc. Enemata, or small doses of castor oil, to keep the bowels in a soluble state; and in a few days, when the tongue parts with its thickly furred coat and becomes clean, dry, red and shining, or fissured—then ol. terebinth. in a thick mucilage of gum and sugar, given liberally, (as in typhoid fever, under similar circumstances and in like stage of the disease,) will act promptly in restoring the patient to health. If there should arise sordes upon the teeth, or dark scales appear upon the lips, then gum acaciæ and sod. bicarb., in combination, should be freely used. Tepid sponging of the body with ley, largely diluted, or with a solution of chloride of lime, will allay restlessness, abate the fever, and is generally attended with excellent results.

The quinine, given during the morning remission throughout the disease, or until the use of turpentine is indicated, keeps off that strong tendency to putrescency in this complaint; and the subsequent use of ol. terebinth., with attention to the bowels and to the skin, as before mentioned, prevents that tendency to anasarca, a troublesome and not unfrequent sequela to scarlatina.

Case of Violent Epistaxis—Plugging by a Piece of Distended Œsophagus.

By J. W. Thompson, M. D.,
Of Lovelaceville, Ky.

I was called in consultation with a neighboring physician some weeks ago. The case was one of very severe and violent epistaxis, the patient a negro woman. All the usual remedies had been resorted to without avail. The anterior and posterior nares of the right nostril were tamponed, as the hæmorrhage appeared to come principally from that cavity.

This, however, arrested the hæmorrhage but temporarily, and it soon reappeared with increased violence.

Having read the report of a similar case published in the MEDICAL AND SURGICAL REPORTER, by Dr. E. A. D'Arcy, of Jerseyville, Illinois, in which, after a failure of all the usual remedies and plugging, the œsophagus of a sheep was passed through the right nostril, from the anterior back to the posterior nares, and forcibly distended by injecting cold water, with the effect of arresting the hæmorrhage, I suggested a trial of the same means. The physician attending the case at once consented to try it, and the result was, that the bleeding was arrested almost instantly.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

JUNE 9, 1860.

MEDICAL DEPARTMENT.—Service of Dr. Levick.

[We are without notes of the clinics intervening between May 26 and the present date.]

We have several patients whom you have seen on different occasions, who are about to leave the hospital, and to whom I wish to call your attention for a few minutes this morning. The first is a case of typhoid fever, occurring in a young Irish girl, (See REPORTER, May 12th, p. 122) in whose case we have felt much interest. She has been retained here longer than was necessary, in consequence of her destitute situation. She is now, however, quite well. The treatment resorted to in her case was the free use of stimulants, small doses of quinia, nutritious food given in the liquid form, and the occasional use of laudanum enemata, when the diarrhœa was profuse; externally, the application to the thorax of turpentine stupes.

The next case is, also, one of recovery from typhoid fever, whose history and symptoms, you may remember, were given in full at the clinic of the 23d ult. (See REPORTER, June 10, p. 204.) The result of treatment in his case has been entirely satisfactory. When you first saw him he was very ill, and was then placed on the use of small doses of blue mass, opium and ipecac. The mercurial was omitted on the second day following; the opium and ipecac. continued; wine whey given in doses of a wineglassful, four times daily. As there still remained a tendency to dryness of the tongue, and it was possible that this might be favored by even the small quantity of opium exhibited, this combination was, after a few days, omitted, and the sulphate of quinia, to the amount of six grains daily, was given. This was followed by a gradual improvement in his condition, but the tendency to dryness of the tongue still continuing, I directed for him the oil of turpentine, in doses of ten drops every two hours. We give this in emulsion, generally ordering a six ounce mixture, each tablespoonful to contain ten drops of the oil, viz.:

℞ Ol. Terebinthinæ, gtt. cxx.
Sacchari pulv.
Acaciæ " āā ʒij.
Aq. Menthae Pip.
Aquæ, āā fʒiij.
M. and ft. emulsio.
S. A tablespoonful every two hours.

Under this treatment the change was most striking. In twenty-four hours time the dryness of the tongue had disappeared, and there has been a steady improvement in all his symptoms. As you now see, the appearance of the tongue is perfectly natural, and the patient in every respect convalescent, almost well. The treatment of these two cases of fever has, as you perceive, not been the same. The first required an unusual amount of stimulation, while the latter has needed but little. The latter has derived great advantage from the use of the oil of turpentine, while the former at no time seemed to require it. Thus it will be, gentlemen, in the different cases of the same disease which will be presented to you, and no judicious physician will ever pretend to lay down any one mode of medication, as applicable to the treatment of every case of disease bearing the same name. There have been, however, some parts of the treatment alike useful in both cases.

Both of these patients were early supplied with nutritious food, both required stimulation, in the one to a very great extent, the other the very mildest kind. Both were benefitted by the administration of solution of sulphate of morphia and sweet spirit of nitre at bed time; both derived advantage from the use of laudanum enemata, (gtt. xl laudanum to the fʒss. of water,) when the diarrhœa became troublesome, and both were relieved of their bronchitis and pulmonary congestion by the external application of spirit of turpentine.

I cannot, however, dismiss these cases without saying a word to you on the internal use of the oil of turpentine in this fever. As has been intimated to you, *many cases will run their entire course without needing it at all*, but in this or in any other disease, when you find the tongue dry and glazed, and remaining so day after day, and when with this you have, in typhoid fever, an increase of tympanites, I

can assure you, from the observation of very many cases in this house and elsewhere, during the last thirteen years, that you will be delighted by the results following its use. In twenty-four hours, or in forty-eight at most, the good effects will show themselves. Moisture of the tongue will take the place of dryness, relaxation of the abdomen the place of tympanites, and cases which have "hung on" day after day, in spite of other treatment, will now go forward to a safe and speedy convalescence.

Rheumatism.—Chloride of Propylamine The next of our convalescents is the case of acute rheumatism before you at our clinic of May 26th, (see REPORTER June 16th,) which I then called a typical case, and which it was remarked was a fair opportunity for testing the worth of our new remedy. It was therefore steadily given in three grain doses every two hours for four days, when, as the patient suffered very much from severe pain in the joints, and from loss of sleep, I did not feel justified it witholding from him the benefit of an anodyne, and directed for him a fluid drachm of solution of sulphate of morphia, with one of sweet spirit of nitre, thrice daily, continuing the propylamine as before. Under this conjoined treatment the patient has got along very nicely, and is now able to walk about, as you see. I do not hesitate to say that I have never seen as severe a case of acute rheumatism so soon restored to health as this man has been, and without being prepared to decide positively as to the value of the remedy we have used, I feel bound to state that in the cases in which we have tried the chloride of propylamine, the patients have regained their health much earlier than under the treatment ordinarily pursued. I wish, gentlemen, you would yourselves try it, and report the results; for a more extended trial is needed than we have given it, before its real value can be pronounced upon. I shall certainly use it in my private practice though not to the exclusion of other and long tried remedial measures. Our other patients who have used it continue to do well.

The patient with *gonorrheal opthalmia and rheumatism*, whom you have so often seen, is about to leave us. His eye is now quite well. The only evidence of disease in it is afforded by the cicatrix of the sloughing corneal ulcer, fortunately this occupies the superior portion of the cornea, not in front of the pupil, and his vision seems to be entirely unimpaired.

Treatment in this case, tr. cinchon. comp. f℥j four times daily; byd. chlo. corrossive gr. 1-12th; decoct. sarsap. comp. f℥ij ter die; 1 bottle of porter daily. Locally—Nitrate of silver gr. xx to f℥j lotion of corrosive sublimate, muriate of ammonia and water. To dilate the pupil, sulphate of atropia gr. ij to f℥j of water.

Dr. L. then occupied a part of his hour with a didactic lecture on *auscultation and percussion*, and subsequently introduced the following cases to illustrate the application of his remarks on these subjects:

The first a case of phthisis occurring in a young man by trade a painter. There was the usual cough, and expectoration, and there had been a slight hemorrhage. The physical signs were: dullness at the summit of the left lung, with slight subcrepitant rales and prolonged expiration. The second case was that of a young woman presenting similar phenomena—there was dullness on percussion at the summit of the right lung, with rude respiration and occasional crackling. Suppression of the menses had occurred six weeks before her admission to the hospital. In both of these patients the vermillion streak along the margin of the gums, to which attention has been called by Dr. Theophilus Thompson, as an attendant of phthisis, was very well marked. In the latter case the patients teeth and gums were in excellent condition, and the red line, along the reflected edge of the gums, was strikingly conspicuous.

Both of these patients were taking good nutritious food, porter, and cod liver oil, with an occasional anodyne for the cough. Dr. L. remarked that when resident physician in this hospital, ten years ago, he had published the records of several cases of phthisis pulmonalis treated with cod liver oil, then comparatively a new remedy, and that the experience of the ten years which had elapsed since that time, had in every respect confirmed the opinions he had then expressed, and that without expecting it to effect a permanent recovery from phthisis, he yet believed it to be by far the most valuable medicine in the treatment of consumption. Good food easily assimilable, living in the open air, protected from exposure by suitable clothing, the *moderate* use of stimulants, such as ale, porter, or even a little good old whiskey, and as a medicine cod liver oil, he believed would do more for the consumptive than any other mode of treatment.

JUNE 12th, 1860.

Disease of the Heart and Albumenuria.—An Irishman, æt 29, admitted May 5th, 1860, "was subject to flow of blood from the head" for some years; never was very strong; from boyhood had shortness of breath when he ran; had an affection of the neck, when fourteen years old, brought on by exposure to a draught; by this the neck is much distorted, and this presents the appearance of a bony exostosis. With this exception was never laid up with rheumatism. First noticed swelling in the abdomen, three weeks after in the feet. He is very pale; legs and feet highly œdematous. There is increased extent of dullness over the region of the

heart, with a well marked bellows murmur at the apex of the heart, and a harsh blowing sound along the aorta. On a previous occasion your attention has been called to the nature of his cardiac disease. The urine is of moderate quantity, straw colored, specific gravity 1010, and as you will soon perceive coagulates upon the addition of nitric acid—showing the presence of a large amount of albumen. You will remember that coagulation will not occur if the urine be alkaline, and to obviate any error from this source, we will add a drop or two of acetic acid, or subsequently test it with nitric acid. Under the microscope we have the very characteristic tubular casts of Bright's disease of the kidneys, which are very accurately delineated in the drawing I now present to you. We have then, in this case the association, not an unusual one, of cardiac disease and Bright's disease of the kidney, and from the distended condition of the abdomen, I think it not unlikely that there is also disease of the liver; though I do not think in this case the hepatic disorder is very extensive. The man suffers from occasional attacks of dyspnœa, much increased on exertion. He is now using saline diuretics and the tincture of gelseminum.

Spinal Tenderness, with Lony Continued Pains in the Back—Subcutaneous Injection.—This woman, æt 40, was admitted six weeks ago, suffering from a disorder which will give you much annoyance, as practitioners, from its obstinancy, and the varied troublesome symptoms which grow out of it. I mean tenderness and irritability of the spine. This patient has for a long time been affected in this way. At times the pains are very severe, and seem unwilling to yield to any treatment. In many instances such symptoms are traceable to uterine disorder, and are removed by treatment addressed to this organ. In others they are not referable to this cause, and are much more intractable. There are, I suspect, but few physicians who cannot recall troublesome, tedious cases of "weak backs," which have required all their ingenuity, and all their patience to treat satisfactorily. Rest, cups, blisters, the application of tincture of iodine, various rubefacient and anodyne liniments, and plasters may be used with temporary advantage. Some derive benefit from the application to the spine with cloths wrung out of cold water or out of salt and water. I believe that, as a general rule, those remedies are most efficient which are addressed to the system at large, and which should be generally of an analeptic character. I have known such patients to improve greatly under the use of cod liver oil, and the invigorating influence of sea air and salt bathing.

Rest is an important adjunct to the treatment, and such patients should learn that they have but a limited income of strength on which they cannot draw extravagantly or a certain failure will overtake them. This truth should be early impressed on such patients, for they are particularly prone, after having gained some little by husbanding their strength, to indulge in some wild freak, a long walk, improper work, or something equally absurd, which entirely exhausts the little fund they had accumulated and leaves them bankrupt, to commence anew, worse off than at first. In all these cases investigate the cause, and if possible obviate it. Besides the causes I have already named, sometimes it is due to overwork, in some cases to a heavy strain of the back, and I am cognizant of a case in which symptoms closely resembling spinal irritation, occurring to a man, could be traced to daily driving in a carriage which afforded no support to the back, and the distressing symptoms of which disappeared with the removal of the cause. Under tonic treatment, rest, and local applications to the spine, this patient has improved, but she still suffers greatly from protracted dull aching pains in the back, and it is therefore proposed to resort to a somewhat novel mode of treatment, I mean the *hypodermic method* or that of *subcutaneous injection*. Attention has recently been called to this mode of medication by Dr. Alexander Wood, and very fully subsequently by Mr. Charles Hunter, of St. George's Hospital, London. In an interesting article in the *Medical Times and Gazette* of September 10th, 1859, page 253, the latter gives the results of various cases in which the subcutaneous injection was resorted to with great benefit. He does not limit its use to the alleviation of local pain, as in neuralgia, etc., but resorts to it in the treatment of a vast number of diseases, as a means of affecting the system at large. He reports cases of *neuralgia, delirium tremens, mania, puerperal mania, wakefulness, chorea, tetanus and sciatica*, all of which were more or less benefitted by its use. Within the last fortnight I have used it in two cases with decided advantage. The first case, a man with sciatica was entirely relieved of his pain and returned to his home a few days after its use. The second, a case similar to the one before you, in which the patient suffered such pain and nervous distress as to be entirely unable to sleep, derived the greatest temporary comfort from its use, so much so, that she has repeatedly asked that it might be renewed. In her case, the only inconvenience experienced, was a severe attack of nausea which continued for several hours. This is noticed by Mr. Hunter as an occasional result, but as he justly remarks, cannot be urged as a reason for its relinquishment, as the same result will often follow the administration of opiates by the mouth. In the case before you I shall use

the same preparation as that employed in those I have referred to. Following the suggestion of Mr. Hunter, I give the preference to solutions rather than to tinctures, as the vehicle for the administration of the narcotic, and shall therefore inject fifteen minims of Magendie's strong solution of sulphate of morphia, (16 grs. to the f℥j.) The syringe used is made by Kolbe of this city, and as you see, is of gutta percha, of small size, with a fine silver tube about two inches long, ending in a pen-like steel point, so fashioned as readily to penetrate the skin. Pinching up the skin, the point of the tube is cautiously inserted, the liquid thrown into the cellular tissue, and thei nstrument carefully withdrawn. (The operation was then performed.) This may be repeated as often as may seem necessary. I think you cannot fail to derive much instruction from perusing Mr. Hunter's entire paper on this subject, which may be found as above, or perhaps more accessibly in Braithwaite's Retrospect for January 1860, p. 279, et. seq.

(The Japanese physician, Dr. Kowasaki, being now introduced, the remainder of the hour was occupied in demonstrations of auscultation, and percussion, the use of spirometer, of the microscope and of the galvanic battery, the former as applicable to the detection, and the latter to the treatment of disease.)

WILLS (OPHTHALMIC) HOSPITAL.

Service of DR. LITTELL.

(Reported by Ch. E. Hackley, M. D.)

N. N.—*Adhesion of the Lid to the Globe*, at its outer angle, the consequence of a burn. The attachment, though complete at this part, not being very broad, and affording, therefore, some hope of cure, was divided by the straight, blunt-pointed scissors, and the edges of the conjunctiva, covering the globe, afterwards brought together and maintained in apposition by a single suture, so as to oppose to the lid a mucous surface, and thus prevent re-union. The eye was directed to be covered by a compress wet with cold water.

J. D.—*Large Central Opacity of Cornea*, of left eye, to which the iris was extensively adherent. An operation for artificial pupil, by opening the cornea at its circumference and excising a portion of the iris, resulting in an opening admitting some degree of light, but not in quantity sufficient for useful vision, had been performed some years ago. The desire of the patient was to have this aperture enlarged, and being urgent in his importunity, after a full explanation of the risk which he would encounter of losing what little vision he had, it was decided in consultation to yield to his request. The cornea was accordingly incised, and the pupil enlarged by removing a portion of the iris, which, being fixed in its position, was drawn out by the forceps.

In certain cases of central opacity, when the iris is free or nearly so, it has been recommended by some English surgeons, in pursuance of the object of transferring the pupil to the lateral and clear part of the cornea, to place a ligature on the iris prolapsed, through an incision made into that membrane, with the view of preventing its retraction. This proceeding Dr. Littell regards as being both injurious and unnecessary. Injurious, by increasing irritation and preventing re-union of the divided edges of the cornea; and unnecessary, because, if the incision be made immediately in front of the ciliary margin of the iris, this membrane, carried outward by the sudden exit of the aqueous humor, will rarely return to its former position, though it may be expedient, in some cases, to give certainty to the operation by excising the prolapsed portion.

J. K., æt. 65.—*Cataract of Right Eye, and Increasing Opacity of the Left Eye also.*—Both organs apparently healthy. The needle was introduced in the transverse diameter of the globe, about a line from the cornea, and the capsule divided in the usual manner; but while performing the further manœuvre of opening the substance of the lens, that body unexpectedly became detached from its connections, and sank of its own accord beneath the axis of vision, a difficult state of the vitreous humor, from destruction of the septae of the hyaloid membrane: the consequence of a severe attack of inflammation some years previously. The pupil immediately became clear, and the patient had some perception of light, but there is reason to apprehend partial inability of the retina.

W. J, æt. 15.—*Right Eye Cataractous*, from the age of nine years, with incipient and increasing opacity of the left lens. The needle was introduced through the sclerotica, as in the former case, the capsule opened anteriorly, and the lens, which was quite soft, so divided as to place it in a condition proper for speedy absorption.

The opaque condition of one lens, the other preserving its transparency, does not, in the opinion of Dr. Littell, necessarily require an operation on the former; and he consequently does not generally advise it, though if the patient is desirous to have it done he does not decline to perform it. A glass would be required to correct the focal diversity, but even without that assistance the range of vision is considerably increased.

Lord Bacon advised that "six of the fifty-two weeks should be devoted every year for muscular training and for renovating the system."

Medical Societies.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The Medical Society, of the State of Pennsylvania, held its twelfth annual meeting on June 13th, 14th and 15th, at the Assembly Buildings, in this city.

Dr. Condie presided.

During the sessions of the Society some seventy gentlemen entered their names as delegates.

The meeting was opened on Wednesday, at 11 o'clock, A. M., with prayer, by the Rev. Dr. Bomberger.

Dr. Samuel D. Gross, in a short address, welcomed the delegates on behalf of the Philadelphia County Medical Society.

Invitations to visit several medical and other institutions of the city, were received and read by the Committee of Arrangements. The same committee also announced the hours of 10 A. M., and 4 P. M., for the meeting of the Society.

The President announced the following gentlemen as composing the committee on credentials: Drs. N. S. Marshall, of Chester county; J. Ziegler, of Lancaster; and Levi Curtis, of Philadelphia.

An invitation to visit the Pennsylvania Hospital for the Insane was accepted.

The President, Dr. Condie, then read his address. He urged the importance of vaccination, called attention to the necessity of preserving the purity of the vaccine virus, and of adopting measures that would lead to this end. With vaccination universally adopted and carefully practiced, small pox if not entirely eradicated, would at least be confined within so narrow limits as to take away all its malignity.

On motion, a vote of thanks was tendered to the President, and he was solicited to furnish a copy of the address for publication.

Dr. Mayburry moved that all regular physicians who might be present from counties where there existed no organization, or which had not sent delegates to the Society, should be invited to take seats as members. Adopted.

The reading of the minutes of the last session was next in order, but as they had been already printed in pamphlet form, the reading was dispensed with on motion.

Dr. E. Hartshorne moved that a committee be appointed to transact any unfinished business of the previous session. Adopted.

Drs. Hartshorn, Corson, and Worthington were appointed for the purpose.

Dr. Mayburry moved that one member from each county be appointed on the Committee for Nomination, and also to make the nomination for officers the last item of business but one in the session. Adopted.

The report of the Committee of Publication was read, and on motion was ordered to be added to the minutes.

A lengthy report was received from the Medical Society of Indiana county. The report gives the principal geographical, geological, and meteorogical features of the county, statistics of population, disease, number of deaths, &c.

On motion it was referred to the Committee of Publication.

An abstract of the sanitary and mortuary report of the city of Philadelphia was read.

Referred to the same committee.

On motion an obituary was read on the death of Dr. Wm. H. Boone, of Gap, Lancaster county, who was a delegate to the session of the Society last year.

Referred to the Publishing Committee.

A communication was received from the Medical Society of Chester county, containing an obituary on the death of James H. Bradford, of West Chester, formerly American Resident Physician at Canton.

Referred the same as above.

On motion the Society adjourned till 4 P. M.

Afternoon Session.

Dr. Schneck, of Lebanon, stated that although no formal report existed from Lebanon County, he would with the permission of the Society read a paper on the state of medical affairs in Lebanon. There had been a very serious malady affecting the County Society itself; it was almost incurable, and characterized by anæmia, depraved nutrition, and want of interest. It had come to a crisis, and dissolution, it was feared, would be the result; if the recuperative powers of nature did not come to aid, there would be nothing left for next year but to write an obituary.

There was no seriously prevailing epidemic in Lebanon during the last year. Measles, scarlatina, and hooping cough occurred; but in isolated cases, rather than in an epidemic form; intermittent fever was quite frequent during the summer months, but readily yielded to the usual treatment, and relapses were easily enough arrested.

Dr. S. had met with quite a large number of cases of diphtheria; one case proved fatal by the extension of the exudation to the trachea, and producing death as in croup. The tonic treatment was adopted, such as quinine and a good invigorating diet. The fœtor accompanying the discharge from the nostrils had been effectually combatted by Labarraque's solution.

Cases of acute rheumatism with severe cardiac

complication occurred in greater number than ordinarily. This is accounted for by the unusual humidity of the atmosphere in that region, as shown by barometric observations. In one case, that proved fatal, pericarditis and endocarditis set in at the end of the first week; a sedative and antiphlogistic treatment was adopted; venesection was employed copiously, and finally veratrum viride was resorted to. Yet, although 20 drops of the tincture were given in the course of 5 hours, and the pulse, from 144, was brought down to 64, the effect of the remedy was but temporary; the pulse rising again in spite of the remedy. The post-mortem examination in this case showed the usual appearances of violent, acute, endo- and pericarditis.

But although veratrum viride in this case appeared to have little influence over the disease, yet he had found the remedy of great service in many disorders. In facial neuralgia, he had used it with good success. In a severe case of herpes zoster, occurring in a woman, where the pain was exceedingly severe, and in which opiates externally and internally together with other local applications, had given little or no relief to the patient, the eruption, with the accompanying neuralgic pain entirely disappeared, and the patient was well at the end of two weeks under the administration of continuous doses of veratrum viride; four drops every four hours.

The report of Dr. Schneck was, on motion, referred to the Committee on Publication.

DR. THOMAS, the Treasurer, read his report, showing a balance of $73 in the treasury.

By invitation of the Society, Mr. ALBERT DAY, of Boston, Superintendent of the Washington Home for the cure and reform of inebriates, then in a short address, gave a sketch of the institution under his charge and its workings. Several persons from Pennsylvania and other States farther South were patients in the institution; persons who had been rescued when in the worst stage of *delirium tremens*.

The directors of the institution had felt warranted by its success in undertaking the erection of a larger building. It had received much encouragement from physicians, as none had a better opportunity than they of observing the fearful effects of the vice which was the cause of the institution being established.

An asylum similar to this was about being founded in Virginia, and the speaker asked for it the support of the benevolent in Pennsylvania.

Dr. HARTSHORNE, of Philadelphia, was in favor of establishing an institution in this city similar to the "Washington Home," of Boston. He considered inebriety a disease, and thought it should be treated in that manner. He recommended that the legislature of the State should be petitioned for a charter and an appropriation for the purpose.

The following preamble and resolutions, offered by Dr. Hartshorne, were adopted after some discussion:

Whereas, experience has shown that inebriety is in many instances a disease; the morbid craving for stimulants beyond the control of the individual so long as opportunity for its indulgence exists; and whereas for the suitable treatment and cure of this disease, accommodations are not to be found in any of our lunatic asylums or general hospitals, therefore

Resolved, That in the opinion of this Society, the establishment of an ASYLUM FOR INEBRIATES in the State of Pennsylvania is highly desirable and important.

Resolved, That such modifications of existing laws as are necessary to make such an institution available by placing the persons of habitual inebriates under due limitations and control of proper authorities, are desirable, and should be urged upon our legislature.

A motion was made to rescind a resolution passed last year in regard to the graduates of the Female Medical Colleges in this city. The President decided the motion out of order, and his decision was assented to after some explanatory remarks by various members.

The Committee on Unfinished Business submitted a report.

Dr. CONDIE said that in the vaccine department all he had distributed had been effective. In sending the vaccine matter through the mails it sometimes became ineffectual.

A report was received from the Perry County Society. With the exception of typhoid fever, a few cases of which had occurred, the general health of the county had been excellent. Notwithstanding the high waters of the spring, an unusual absence of epidemics was noticeable.

The report after being read, was referred to the Publishing Committee.

Dr. HARTSHORNE proposed an amendment to the constitution, viz: that members of county medical societies who have once served as delegates to the State Society, shall be considered as permanent members, with all the privileges of delegates.

According to rule, the proposition of Dr. Hartshorne was laid over for consideration at the next annual session of the Society.

A debate upon the manner of preparing tabular statistics of diseases followed.

Drs. Condie and Hartshorne expressed their views upon the subject.

A motion to adjourn till 10 P. M. the following day was made and carried.

In the evening the members of the Society were entertained at the house of Dr. Atlee.

SECOND DAY.

The minutes of the previous meeting having been

read and approved, the Committee on Nominations was announced as follows:

Drs. G. W. Allison, Beaver county; M. Emanuel, Montgomery; B. Richardson, Susquehanna; Dunlap, Lancaster; V. Worthington, Chester; J. E. Singer, Perry; J. McMullen, Indiana; J. M. Evans, Montgomery; J. A. Landis, Blair; Strawbridge, Susquehanna Union; Geisemar, Berks county; W. Mayburry, Philadelphia; Kemble, Westmoreland: B. F. Schneck, Lebanon; Holmes, Bradford; J. C. McWilliams, Schuylkill.

On motion, it was resolved to visit the Frankford Insane Asylum on the following day.

Dr. Gross then read a paper on that peculiar affection of the prostrate gland, characterized by a mucous discharge, simulating, and often mistaken for, spermatorrhœa, to which he applied the name "prostatorrhœa."

The paper was referred to the Committee on Publication.

Dr. Bell made a few remarks on the state of education at the present day. He considered it a mortifying fact that there was certainly a decline in our knowledge of the classics and other higher branches. He then read a paper on Medical Education. He proposed a resolution that it was the duty of every physician to examine into the character and fitness of the young men under their charge, and refuse to admit those who are not prepared.

Dr. Gross strongly opposed the system of private tutorship, in the case of young men under a course of medical instruction. He thought it was a perfect waste of time. He was himself under the instruction of a private tutor for eighteen months, and he considered that such time was totally lost. He therefore moved to strike out so much of the resolution as referred to private pupils.

This caused much discussion, and several gentlemen followed in opposition to Dr. Gross.

Drs. Bell, Landis and Darrach, were in favor of private instruction.

Dr. Darrach thought that a young man needed a course of private study, but that instruction in a college was necessary to finish his medical education.

The question on the original preamble and resolutions were called for, and they were read once more.

Dr. Gross stated that his amendment was to strike out so much of it as related to private tutors, and to establish preliminary medical academies throughout the State.

After a long preamble, showing in the strongest colors the necessity of improvement in the medical education of youth, the following resolutions were proposed:

Resolved, That it is earnestly recommended by the Society, that the course of office-reading and study be systematized so as to enable the student to acquire a fair knowledge of materia medica, elementary chemistry and pharmacy, opportunities for which are afforded in the articles in the shop, and in compounding them from prescriptions.

2d. The study of anatomy, as obtained from the human body, and from written and engraved descriptions, and occasionally assisting at *post-mortem* examinations and the dissection of the bodies of unclaimed inmates of the almshouse or prison; also, by the dissection of animals, etc.

3d. By diagnosis and clinical medicine, by visiting the sick and infirm in the poor-house and the patients of his preceptor.

4th. The mechanism of labor, by demonstrations on the manikin and engravings.

5th. Elementary botany and vegetable physiology, specimens for the study of which are profusely scattered in the surrounding country.

Resolved, That the preceptor is recommended by examinations of his pupil or pupils, at short and stated intervals, to ascertain the progress being made in the several subjects of study. Among these should be enclosed a history of medicine, and the biographies of the great men who have contributed to extend the boundaries of the science, and to enrich its resources for successful practice.

Several amendments were proposed to the original resolution offered by Dr. Bell.

Dr. Coates moved to strike out the details in the resolution. Adopted.

An amendment proposed by Dr. Hartshorne was also adopted.

A motion was made that the graduates of female medical colleges should be admitted to the practice of medicine in accordance with some, but in opposition to other medical societies.

The motion was, after some discussion, laid over for consideration.

Dr. Corson, of Montgomery, thought there could be no reason why women should not be thus recognized, if they went through a proper course of medical instruction, and subscribed to the code of medical ethics.

Several resolutions were offered in relation to withholding all support from the faculty and graduates of female medical colleges until they submitted to the conditions proposed.

It was said it was on account of the professors in these colleges having been discountenanced by the highest authorities in medical societies, that physicians refused to give their support to the graduates. If they had for instructors physicians in good standing in medical societies, such would no longer be the case, but in such an event graduates would receive all proper countenance and support.

A motion to adjourn till 10 o'clock the next day, was made and carried.

At 4 o'clock P. M. the Society, by invitation of Dr. Kirkbride, visited the asylum under the superintendence of that gentleman.

THIRD DAY.

The Society met at ten o'clock, and the minutes of the last meeting were read and approved.

DR. KENNEDY presented a report on the subject of Meteorology, giving some interesting particulars of the science.

DR. HOLMES read a report from the Bradford County Medical Society.

The report after some consideration was referred to the Committee of Publication.

In accordance with a request from the American Medical Society, the President proposed the appointment of a committee to petition the Legislature for the passage of a law more stringent in regard to the subject of criminal abortion.

On motion, the committee was appointed by the President, and was composed as follows: Drs. Bell, Worthington, Condie, and Wallace.

The Committee on Nominations submitted the following report for the next year:

President—Edward Wallace, Berks.

Vice Presidents—John Bell, Philadelphia; Geo. W. Allison, Beaver; J. H. Landis, Blair; G. W. Lott, Columbia.

Corresponding Secretary—Joseph Carson, Philadelphia.

Recording Secretaries—J. T. Carpenter, Schuylkill; J. H. Smaltz, Philadelphia.

Treasurer—R. P. Thomas, Philadelphia.

Censors First and Second Districts—Drs. J. L. Ziegler, Lancaster; A. Parsons, Bradford; H. Carson, Montgomery: Jacob Pennypacker, Chester; P. Richardson, Susquehanna; Martin Luther, Berks; James S. Carpenter, Schuylkill; D. F. Condie, Philadelphia; Ch. Innes, Northampton; J. W. Gloninger, Lebanon.

Censors Third and Fourth Districts—Drs. N. Packer, Tioga; P. Ebert, Perry; J. D. Ross, Blair; J. B. Luden, Huntingdon; W. R. Finley, Blair; G. L. Shearer, York.

Censors Fifth and Sixth Districts—Drs. J. Wishart, Washington; S. Cunningham, Beaver; J. M. Stewart, Indiana; —— Semon, Cambria; J. B. Dutcher, Lawrence; Jas. King, Allegheny.

Delegates to the American Medical Association—Drs. J. Schrack, Montgomery; J. E. Singer, Perry; J. S. Carpenter, Schuylkill; B. Richardson, Susquehanna; H. Hartshorne, Philadelphia; D. Holmes, Bradford; B. F. Schneck, Lebanon; J. K. Raub, Lancaster; J. R. Everhart, Chester; S. D. Gross, Philadelphia; A. Nebinger, Philadelphia.

Additional Members of the Committee of Publication—Drs. Levi Curtis, Philadelphia; J. Remington, do.; W. B. Atkinson, do.

The Committee have unanimously agreed upon Pittsburgh as the next place of meeting.

The Committee would further recommend the adoption of the following resolution:

Resolved, That a Committee of Five be appointed to make the necessary arrangements for the next meeting, and that this Society defray all the necessary and incidental expenses for printing, rent of room, &c.

The above report was unanimously adopted.

DR E. WALLACE, the President elect for the succeeding year, made the following remarks on taking the Chair:

Gentlemen--The honor you have conferred upon me in selecting me to preside over your deliberations, is as unexpected as it is on my part unmerited. When I cast my eyes over this assembly, and see so many, better qualified for the position I now occupy, I am wholly at a loss to account for your partiality.

But, gentlemen, whatever may be my errors, and however great my inexperience, in my, as yet untried position, I do hope to bring to it the exercise of a firm purpose, in the faithful and impartial discharge of the duties incumbent upon me. Since its earliest organization I have been interested and associated with this body, and through our local society I have endeavored, to the extent of my ability, to aid in the accomplishment of the objects for the promotion of which we have assembled here to-day.

That we have not been heretofore more successful may be no fault of ours, but, gentlemen, in a field so extensive, each individual has something to do, and it behooves him to see to it, that he performs his duty in the sphere in which he moves. Appreciating, as I do, your kindness, may I not ask your indulgence in the further prosecution of our business, to which, without further delay, we will now proceed.

On motion, a vote of thanks was passed to the various institutions which had been visited by the Society.

Also, a vote of thanks to the Committee of Arrangements, for the admirable manner in which they had discharged their duties.

Also, a vote of thanks to the President, Dr. Condie, for the able manner in which he had discharged the duties of his office. Also, to the other officers of the Society.

It was resolved that the President be requested to deliver an address at their next meeting.

It was agreed to accept the invitation to visit the Frankford Insane Asylum in the afternoon.

An invitation to visit the Blind Asylum was declined on account of the adjournment of the Society.

The minutes of the session were then read by the Secretary.

After the reading, DR. MAYBURRY moved that the society adjourn to meet at Pittsburgh on the second Wednesday in June of the year 1861.

The motion was carried, and the society adjourned accordingly, to the time stated above.

NATIONAL SANITARY CONVENTION.

The Fourth Annual Meeting of this Convention took place at Boston, June 14th, 15th, and 16th.

The Convention was called to order by Mayor LINCOLN, and temporarily organized by the choice of Dr. JOHN H. GRISCOM, of New York, as President, and Dr. HENRY G. CLARK, of Boston, as Secretary.

Alderman STARR, of New York, moved that a committee of one be appointed from each State, to nominate a list of permanent officers. The following gentlemen were appointed on the Committee:

New York, C. C. Savage; Massachusetts, Jos. M. Wightman; Pennsylvania, Dr. Ruschenberger; New Jersey, Dr. Isaac A. Nichols; Rhode Island, Dr. Snow; Maryland, Dr. J. W. Houck; Georgia, Dr. R. D. Arnold; Tennessee, Dr. C. B. Guthrie; Ohio, Dr. Robert Thompson; Dr. McLellan, delegated by the Secretary of War, to attend the Convention as the Representative of the Medical Department of the U. S. Army.

Mayor Lincoln, in a short address welcomed the delegates to the city, and congratulated the Convention on so full a representation from every section of the country. Various invitations were extended to the Convention and accepted.

The President announced the titles of various reports in print to be presented to the Convention.

Gen. WETMORE, of New York, spoke of the beneficial operations of this body in regard to the Quarantine restrictions in that city. The action of the Convention fourteen months ago was second only to the Declaration of Independence.

Mr. WIGHTMAN, from the Committee on Permanent Organization, reported as follows:

President —Dr. Jacob Bigelow, of Boston.

Vice-Presidents.—Hon. R. D. Arnold, of Ga.; Alex. H. Stevens, M. D., of N. Y.; Henry G. Clarke, M. D., of Boston; John F. Lamb, M. D., of Pennsylvania; Judson Gilman, M. D., of Maryland; Hon. Moses Bigelow, of New Jersey; Hon. J. C. Knight, of Rhode Island; Robt. Thompson, M. D. of Ohio; C. B. Guthrie, M. D, of Tennessee; Thomas Stewardson, M. D., of Pennsylvania; Ald. Charles Starr, of N. Y.; Hon. Thomas Aspinwall, of Boston; J. W. Houck, M. D., of Baltimore.

Secretaries —Calvin Ellis, M. D., of Boston; J. B. Jones, M. D., of Brooklyn; Wm. Taylor, M. D., of Pennsylvania; Ald. David C. Dodd, Jr., of Newark, N. J.

Upon taking the chair, Dr. Bigelow made a few remarks on the importance of Sanitary Conventions, and thanked the assembly for the honor done him.

Dr. C. B. GUTHRIE, of Tenn., presented a report upon legal restrictions for the control of the sale of poisons and dangerous drugs, ending with proposing the following form of law and list of poisons and dangerous drugs:

SEC. 1. No person shall be allowed to sell or dispense any of the following articles named in this act, and known as "Poisons or dangerous drugs," except they shall hold a diploma or certificate of membership of a College of Pharmacy, or the certificate of the American Pharmaceutical Association, or the certificate of two or more physicians in regular or active practice, in the town where they reside and propose to do business, certifying to their acquirements as apothecaries, and integrity as men, which diploma or certificate shall be exhibited in a conspicuous place in their stores. This act shall not be considered as applying to practitioners of medicine in selling or dispensing to their patients.

SEC. 2. The following named articles shall be deemed poisons, and the persons authorized to sell or dispense the same, shall keep a book of registration, in which the name of the article and the quantity sold, and the name and sex of the purchaser shall be duly entered, and it shall not be lawful to sell or dispense the same to minors or persons of unsound mind.

List of Poisons.—Atropia and its salts; aconite and its preparations; arsenic; corrosive sublimate; cyanide of silver, mercury, zinc and potassium; cannabis indica and its preparations; cocculus Indicus and its preparations; cantharides; deadly nightshade; digitalis; daturia; delphinia and its salts; ergot and its preparations; gelseminum and its preparations; henbane; nux vomica; nicotine; opium and its salts and preparations; essential oil of bitter almonds, rue, tancy, savin; prussic acid; picrotoxin; poison hemlock; strychnia; St. Ignatius bean; tartar emetic in more than six grains; veratria.

SEC. 3. This act shall not be taken to apply to such as are engaged in the manufacture, or wholesaling of any of the above articles, except when sold in small quantities to others besides the trade.

SEC. 4. All such articles shall be clearly and distinctly labeled with the name of each article, and such as are commonly used for the destruction of vermin shall also be labeled "poison" before leaving the hands of the apothecary.

SEC. 5. All persons offending against the provisions of this law, shall be subject to a penalty of $— for each and every offence.

The report mentions the desirability of a law nearly uniform in all the States. The report was laid on the table.

Dr. ALEXANDER H. STEVENS, of New York, presented a report from the Committee on the Utility of Wet Docks, in connection with Quarantine; and Dr. A. N. BELL, of Brooklyn, N. Y., one from the Committee on External Hygiene, which was accepted

and laid upon the table, together with a letter from Dr. Reed on the same subject.

A report by Dr. Snow, of Providence, was also received and laid upon the table.

Afternoon Session.

The Convention met at 4 o'clock, according to adjournment, and the minutes of the morning's session were read and approved.

An invitation to visit the State Prison was received and accepted.

The following gentlemen were appointed on the Business Committee:

Dr. John H. Griscom, of New York; Dr. John M. Moriarty, of Boston; Dr. Wilson Jewell, of Pennsylvania; Dr. Judson Gilman, of Maryland; Dr. Jno. Jeffries, of Massachusetts; Dr. Edward Mead, of Ohio; Dr. E. M. Snow, of Rhode Island; Mr. Joseph M. Wightman, of Massachusetts; Dr. C. B. Guthrie, of Tennessee; Dr. Lewis A. Sayre, of New York; Dr. John F. Lamb, of Pennsylvania; Dr. Lewis W. Oakley, of New Jersey; Gen. Prosper M. Wetmore, of New York.

On motion of Mayor Lincoln, the several reports, which were laid on the table in the morning, were referred to the Business Committee, who then retired for consultation.

Dr. Ordroneaux gave notice that he should make a motion in the morning to appoint a committee of five, to regulate what business should come before the Convention.

On motion of Hon. Moses Kimball, the Business Committee were instructed to consider the expediency of appointing a special committee to consider the subject of pleuro-pneumonia, the disease prevailing among cattle.

A resolution, advising the legislature to take into consideration a law regulating the sale of poisonous drugs, as recommended by Dr. Guthrie, was offered.

Dr. Jewell, of Philadelphia, objected to the resolution. He thought the shop-boys did the mischief, and the apothecaries bore the blame.

Dr. Griscom thought it very unwise for the Convention to take any steps in the matter.

Dr. Jacob Bigelow said the subject had been considered by the Convention several years ago, and they came to the conclusion, after a mature deliberation, that it was an evil to be affected by public opinion rather than by legislation. He knew of one apothecary who sold between seventy and eighty half-ounce papers of arsenic in a year—handing it out to any one who asked for it. But the people ad become alarmed, and legislation was unnecessary.

Dr. Ordroneaux said he should go heart and hand for the adoption of the resolution.

Dr. Guthrie explained his motives for proposing this action.

The subject was discussed at some length by Dr. Jewell, of Philadelphia; Mr. Shannon, of New York; and Dr. Guernsey, of the same city.

Finally, on motion of Mr. Kimball, the whole subject of Dr. Guthrie's "Report upon legal restrictions for the control of the sale of poisonous and dangerous drugs," was indefinitely postponed, and the convention adjourned till next day.

Second Day.

The Convention met at ten o'clock, according to adjournment. The records of the last meeting were read by the Secretary.

The first business of the meeting was the report of the Committee on External Hygiene.

Dr. Jewell, of Philadelphia, moved that the report be accepted, and embodied in the records of the proceedings.

Dr Harris, of New York, referred to some errors of the printer in the report; but the Chairman, Dr. Arnold, said the committee would attend to those matters.

Gen. Wetmore, of New York, said he could not permit so important a subject to pass without some remark. The question is thirty years old in England, also in France. £3,000,000 were appropriated by the English government for the improvement of the drainage of London. In New York, the system of drainage received very little attention. In London, the ratio of deaths was one in forty five; in New York, one in thirty-six; in spite of great natural facilities for drainage. Boston is far in advance of the other principal cities. He saw much to excite his admiration in the city government, besides other matters, of which it was not necessary to speak there. (Applause.) The convention ought to be thankful to the gentlemen who have given so much time to this subject, and especially to the gentleman who had risen from a sick bed to bring it before them. In the harbor of the city where he lived, might be found, during the summer months, hundreds of vessels filled with sick and dying men, and not an official had liberty to set them free from their confinement. It was a remnant of the dark ages. He sincerely hoped the report would be adopted.

Dr. Thompson, of Ohio, referred to what was termed "trembles," among animals, and the milk disease, among human beings, which is transmittable to every part of the world. Cattle known to be afflicted with the disease are forwarded by dealers to Albany and New York. He did not wish to obtrude the subject upon the Convention, but he wished to save a great city, known for its large bills of mortality, from the obloquy of this trade, carried on at their doors.

Dr. Griscom took exception to some provisions of

the report, which were explained by DR. HARRIS of New York.

DR. JEWELL renewed his motion, that the resolutions appended to the report be adopted, and the report printed in the proceedings of the Convention.

GEN. MATHER thought the resolutions killed the report, and objected to them entirely.

Remarks were made, pro and con, by DR. GRISCOM and by DR. ANDERSON, of Staten Island. The latter gentleman said it was well known that there was no quarantine in New York now.

DR ORDRONEAUX, of New York, said he believed that the spirit of the report was generally acceptable to the Convention. To meet the objections of Gen. Mather, however, he offered a slight amendment to the first resolution—applicable, also, to the other resolutions—which was accepted by the Convention.

DR. GRISCOM, from the Committee on Business, reported four resolutions, which were adopted by the Convention.

First.—That the report of Dr. Guthrie, on poisons, be printed without the appendix.

Second.—That this Convention deem it inexpedient that any action be taken on the subject of pleuro-pneumonia.

Third.—That the report on civic cleanliness be published, and a copy sent to every incorporated city in the United States.

Fourth.—That the report of Dr. Snow, on registration, be accepted and published.

They were adopted.

Lieut. VIELE, who wrote the able report on civic cleanliness, enforced the importance of the subject upon the convention. He said the great masses of the people were thoroughly ignorant in regard to it, and that this ignorance had permeated all classes—the rich and refined, as well as the poorer portions of the community. The people were innately filthy, as evidenced by the condition of the principal cities.

Mr. Samuel Haliday said that he had found that the people lived in communities of about 10,000 in number. In the great cities, population is daily becoming denser. The poor cannot afford to move out of the cities; they must cluster around the centre where they obtain their work. If New York city contained as dense a populaton throughout its whole limits as are confined within some portions, it would have a mass of 3,000,000 of human beings; and the Island, 10,000,000 more. The speaker had ascertained that, in some of the closely congregated famiiies, the children deceased exceeded the number alive. In the case of a building referred to in Boston, Mr. Haliday stated that some of the rooms rented for 75 cents per week, and that the gross rental was $4,500 per year.

The report was adopted.

On motion of Mr. Wightman, Norris N. Halstead, President of the N. Jersey Agricultural Society, and Benjamin Haines, of the Executive Committee of the State Agricultural Society, who are in the city on business connected with the cattle disease, were invited to take seats in the Convention.

The report on registration was adopted. It was also voted that a committee of five be appointed by the Chairman, to take measures to provide for a permanent organization of the Sanitary Convention.

DR. ORDRONEAUX moved to take up his resolution in favor of a committee, which should have before it questions not now provided for, such as the cattle disease for instance.

The resolution was referred to the Business Committee.

The report upon "wet docks" was referred to the Committee on "External Hygiene," with full powers.

GEN. MATHER, of New York, from the Committee on Dispensaries, observed, that owing to various causes, he regretted to say no report had been prepared. The Committee was discharged, and a new one constituted, of which Gen. Mather was made chairman.

The Committee on Tenement Houses was continued through the year.

MR. HASWELL offered a resolve that the Committee on Civic Cleanliness, prepare a system of sewerage adapted to localities where the tidal volume is of greater or less force. Adopted.

Adjourned until 8 o'clock in the evening.

Evening Session.

MAYOR LINCOLN presented a communication from George B. Emerson, on the subject of the drainage of cities. It was read by the Secretary, and referred to the Committee on Civic Cleanliness.

There being no other business before the meeting, Dr. Harris, of New York, submitted a carefully prepared paper, as a voluntary contribution on the subject of steam or dry heat as a disinfectant, which he read by request. It was referred to the Business Committee.

After some discussion relative to the theory advanced by Dr. Harris, he offered a resolution providing for the appointment of a Committee of three, to report at the next annual meeting upon the utility of the application of steam or dry heat for purposes of disinfection.

In the course of the discussion, Alderman Dodd, of Newark, stated that it cost the United States $19,000 for their experiments in freezing out the yellow fever from the frigate Susquehanna, and the operation did not prove successful.

DR. GURTHRIE, of Memphis, Tenn., thought the theory would prove highly beneficial if applied to public washing houses for the poor of cities.

The resolution was unanimously adopted.

Dr. Griscom, from the Business Committee, reported that the resolution presented by Dr. Ordroneaux in relation to a Committee on State Medicine, be referred back to the Convention, with the recommendation that a committee of five be appointed on State Medicine, to report on subjects of sanitary reform not already provided for by standing committees.

After a long and spirited discussion, the report was recommitted to the Committee.

At 11 o'clock the Convention adjourned until 10 o'clock next day.

Third Day.

The convention resumed its session at half-past ten o'clock, Mayor Arnold of Savannah, in the chair.

Dr. Timothy Newell of Providence, was admitted to the convention.

Dr. Griscom, from the Committee on Business, reported the following resolutions:—

Resolved, That the paper of Dr. Harris, upon "Heat as a Disinfectant," be published with the transactions.

Resolved, That the resolution of Dr. Ordronoux, with reference to State medicines, be adopted, with the following modification: That a committee of five be appointed on State medicine, whose duty it shall be to report, at the next annual session, such subjects of sanitary importance as, in their judgment, require legislation, or further investigation, for their permanent improvement.

The first resolution was adopted.

Dr. Harris, of New York, sustained the second resolution as modified, and supported the opinions expressed on Friday evening, in opposition to the resolution as at first reported.

Gen. Mather, of N. Y. renewed his opposition to the resolution, which he declared was the same in substance as first recommended. He wanted something specific, and something that everybody could understand. It was a monstrous proposition to delegate to a committee of five every subject of consideration.

Dr. Ordronoux, of N. Y. asked leave to withdraw the resolution. He did not want to be the cause of discord, and did not want it to go upon the journal that the phrase "State Medicine" was not understood here.

J. M. Wightman, of Boston, thought the resolution could not be withdrawn. It was the property of the convention.

The chair decided that the resolution could not be withdrawn.

Dr. Jewell, of Philadelphia, supported the resolution.

Dr. Griscom, of New York, moved the previous question,

G. M. Wightman also moved the previous question, which was ordered.

Upon the question of the adoption of the resolution, Gen. Mather called for the yeas and nays, which were ordered.

The resolution was then adopted, by 46 to 16.

Hon. Edward Everett was invited to take a seat on the platform. He accepted the invitation and was loudly applauded.

He expressed himself very much indebted for the invitation extended to him to take a seat there. He came merely as one of the citizens at large, to be instructed and edified by their proceedings.

Mr. Kimball, of Boston moved a reconsideration of the vote upon the adoption of the resolution, and went into a speech in opposition thereto upon the grounds heretofore stated.

Dr. Griscom replied to some supposed personal insinuations in the remarks of Mr. Kimball. He moved to lay the motion for reconsideration on the table, and insisted upon the motion against the wishes of Mr. Guthrie, who desired to make an explanation. The motion to lay on the table was carried by 22 to 21.

Dr. Guthrie, of Tennessee, moved the Committee on Medicine be nominated at large, and earnestly complained of the course of Dr. Griscom in first moving the previous question, and then refusing to withdraw a motion to lay on the table to give a member of the Business Committee a chance for explanation.

The motion was carried, and the following nominations were made:—

Dr. John Ordronoux of New York, Moses Kimball of Boston, Gen. Mather of New York, Dr. Jewell of Philadelphia, Dr. McLauren of the United States Army, Dr. R. La Roche of Philadelphia.

Dr. Jewell voted against Gen. Mather, and peremptorily declined to stand upon the committee on account of certain things that had been whispered in his ears.

Dr. Ordronoux declined to serve on account of certain insinuations against the purity of his motives.

The convention unanimously refused to excuse Dr. Ordronoux.

At this point, Gen. Mather rose to present a resolution. He said the affluence of courtesy extended to the convention by the city of Boston made them bankrupt in thanks. What he saw on Friday rendered him very doubtful if New York possessed any advantages over Boston. No American could look upon Massachusetts Bay and forget its history. For himself he was happier to-day for what he saw upon the islands in Boston Harbor. He closed by offering the following resolution, which was adopted:—

Resolved, That the thanks of this convention are due and hereby tendered to the City Council of Boston, for the noble spirited hospitality and graceful

courtesy extended by them to the members of this Convention during its present session in this city.

On motion of Dr. Jewell, of Philadelphia, the thanks of the Convention were extended to Dr. Jacob Bigelow, for the amiable manner in which he had presided over the Convention.

The thanks of the Convention were also extended to the Massachusetts Charitable Mechanics Association, for the free use of their beautiful hall.

Dr. Ellis, Secretary of the Convention, was also thanked for his services.

The resolution of the last session declaring yellow fever not to be infectious, was re-affirmed.

GEO. H. SNELLING, of Boston, proposed a resolution, recommending such a division of the hours of labor as to enable workmen to have an hour and a half for dinner instead of an hour.

On motion of Dr. Griscom, of New York, the matter was referred to a committee whose duty it shall be to report upon the subject at the next session.

Dr. MEAD, of Ohio, moved the next session of the Convention be held at Cincinnati.

Dr. POWELL of Brooklyn, communicated the invitation of the Mayor of that City for the Convention to meet there.

Mayor Knight of Providence, who occupied the Chair, said it would gratify him to have the next session at Providence, but he had understood the Committee had decided on Washington as the next place of meeting.

Gen Mather was excused from serving on the Committee on State Medicine, and Dr. Thompson, of Ohio, was chosen in his stead

Mr. JOSEPH B. ELLIOTT of Boston proposed the following resolution, which was adopted:

Resolved, That a committee of five be appointed to report a uniform plan for maps of the physical geography of cities, for statistical and sanitary purposes, with a view of obtaining the construction of such maps by the several municipal governments.

A vote of thanks to the Board of Directors of Public Institutions was adopted, and also to Mayor Lincoln and the citizens of Boston.

Dr. Jewell moved the next Convention be held at Cincinnati, on Wednesday in the last week of May next. The motion was carried, and the following Committee of Arrangements was appointed:—

Dr. Edward Mead, Mayor Bishop, Nicholas Longworth, Wm. M. B Wright, R. B. Bowler of Cincinnati; J. M. Wightman, of Boston; Wm. Taylor, of Philadelphia; Wm. Gilman, of Baltimore; R. H. Shannon and P. M. Wetmore of New York.

George H. Snelling read a translated paper upon the climate of America as contrasted with that of Europe. The paper was referred to a committee, with instructions to report upon it at the next meeting.

Several committees were continued, some were changed, and some were discharged.

The Chair nominated the following Committees:

On Dispensaries—F. E. Mather N. Y., Dr. H. St. Clair Ash of Philadelphia, Dr. S. G. Townsend of Boston, Dr. Judson Gilman, of Baltimore, C. C. Savage of Brooklyn.

On Permanent Organization—Dr. Wilson Jewell of Philadelphia, P. M. Wetmore of New York, J. M. Wightman of Boston, Dr. J. H. Griscom of New York, Dr. C. B. Guthrie of Tennessee.

Tenement Houses—S. B. Haliday and Dr. W. B. Bibbens of New York, and Dr. Josiah Curtis of Boston.

Hours of Labor—George H. Snelling of Boston, S. B. Haliday, of New York, J. C. Knight of Providence.

On Maps—E. B. Elliott of Boston, Lieut. E. L. Viele of New York, Dr. Arnold of Savannah, Dr. Ruschenberger of Philadelphia, Dr. J. B. Jones of Brooklyn.

After a few eloquent parting words by Dr. Bigelow, the Convention adjourned *sine die.*

The Dinner.

On Saturday afternoon, on the invitation of the city authorities of Boston, the Convention partook of a sumptuous dinner at the Revere House. In reply to one of the toasts "Science, Poetry and Medicine," Dr. Oliver Wendell Holmes read the following poem:—

What makes the Healing Art divine?
The bitter drug we buy and sell,—
The brands that scorch, the blades that shine,
The scars we leave, the "cures" we tell?

Are these thy glories, holiest Art,—
The trophies that adorn thee best,—
Or but thy triumph's meanest part,
Where mortal weakness stands confessed?

We take the arms that Heaven supplies
For Life's long battle with Disease,
Taught by our various need to prize
Our frailest weapons, even these.

When Science drops her broken shield,—
Its peaceful shelter proved in vain,—
And bares her snow-white arm to wield
The sad, stern ministry of pain.

When shuddering o'er the fount of life,
She folds her heaven-anointed wings,
To lift unmoved the glittering knife
That searches all its crimson springs.

When, faithful to her ancient lore,
She thrusts aside her fragrant balm
For blistering juice, or cankering ore,
And tames them till they cure or calm.

When in her gracious hand are seen
The dregs and scum of earth and seas,—
Her kindness counting all things clean,
That lend the sighing sufferer ease.

Though on the field that Death has won,
She saves some stragglers in retreat,
These single acts of mercy done
Are but confessions of defeat!

What though our tempered poisons save
Some wrecks of life from aches and ails,
Those grand specifics Nature gave
Were never poised by weights and scales.

God lent his creatures light and air,
And waters open to the skies,
Man locks him in a stifling lair,
And wonders why his brother dies!

In vain our pitying tears are shed,
In vain we rear the sheltering pile,
Where Art weeds out from bed to bed,
The plagues we planted by the mile!

Be that the glory of the past;
With these our sacred toils begin,—
So flies in tatters from its mast
The yellow flag of sloth and sin.

And lo! the starry folds reveal
The blazoned truth we hold so dear,
To guard is better than to heal,—
The shield is nobler than the spear!

Speeches were made by Dr. Ordronoux of New York, Dr. Savage of Brooklyn, N. Y., Gen. Wetmore of N. Y. Board of Commerce, Hon. Josiah Quincy, Jr., Alderman Ball of Newark, N. J., Gen. Mather, President of the N. Y. Sanitary Association, Rev. Dr. Lothrop, Dr. John H. Griscom, Dr. H. G. Clark, Dr. A. H. Stevens of New York, Dr. McLauren, U. S. A., Col. Aspinwall, J. C. Wyman, Mayor Dana, of Charlestown, and Hon. Moses Kimball. A sentiment complimentary to the host was received with immense cheering.

EDITORIAL DEPARTMENT.

Periscope.

Chemistry of Vision.—At a recent meeting of the Academy of Medicine, in Paris, Regnauld communicated some original observations upon the fluorescence of the transparent media of the eye. It is well known that a ray of light proceeding from the sun, from fire, or from the electric spark is compound, and can be easily separated into three portions, the illuminating, the calorific and the chemical.

Certain substances possess the property of fixing or absorbing the chemical rays, instead of transmitting or reflecting them; to this property the term *Fluoreseence* has been applied. Regnauld has discovered that the periphery of the cornea, and of the crystalline lens, the *membrana hyaloidea* and the retina are fluorescent. The cornea, the lens, and the *membrana hyaloidea* can be classed among the *tutamina oculi*, inasmuch as they regulate the quality of light which enters the chamber of the eye just as the eyelids, pupil, etc., regulate the quantity.

There are certain substances which possess in an eminent degree fluorescence, the most perfect of these being the uran mica. May not glasses of this mica protect the eyes of those who are subject to the injurious effects of the chemical rays proceeding from bright light?

Resection of the Jaw in Phosphor-Necrosis.—In a valuable work upon the Diseases of the Teeth, by Dr. Albrecht, of Berlin, the early removal of the diseased bone is deprecated. Unless the onward progress of the disease has been permanently arrested, operative procedure will but facilitate the destruction of the bone, inasmuch as the wound affords an exposed surface to the action of the poisonous element with which the saliva is impregnated. Resection should only be performed when it is certainly ascertained, that the patient is no longer under the influence of the phosphorus; it is advisable, to suffer nature to effect the removal of the sequestrum, in all cases in which the patient's health is not threatened by the suppuration incidental to the elimination.

Cataract in Diabetes.—A patient 49 years of age, under the care of Prof. Griesinger, presented during the progress of Diabetes, opacity of the crystalline lens.

At the very commencement of the disease the powers of vision were impaired, objects appearing as seen through a mist. After a time, under a mixed diet, this imperfection was removed. Under a rigid animal diet the vision again became indistinct; at the same time the thirst was less, and the urine passed in a smaller quantity, contained a diminished amount of sugar. The opthalmoscope showed a complete cataract. During the presence of the menses the sight was improved.

In Berlin, attention has recently been particularly called to the comparative great mortality from consumption amongst tailors. The sitting position, the high temperature of the rooms (in which the irons are heated,) and the dampness from ironing are the principal causes of the tendency to Phthisis.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JUNE 23, 1860.

THE THREE MEDICAL CONVENTIONS OF 1860.

The month of June this year has been prolific of national conventions. Among these we have chronicled in our pages the proceedings of three, which were made up wholly, or in great part, by medical men. First, the Association of Superintendents of Hospitals for the Insane, which met in this city on the 28th ult., adjourning on the 1st instant; Second, the American Medical Association, which held its thirteenth annual meeting in New Haven, commencing on the 5th and closing on the 9th instant; And lastly, the Quarantine and Sanitary Convention, which met in the city of Boston on the 14th instant, continuing its sessions for three days. A report of the proceedings of the last named body may be found in this number.

In these three conventions, as they meet from year to year, is concentrated, or represented, a large proportion of the talent and respectability of the medical profession of this country, and they and their objects are gradually but surely gaining on the good will of all whose good opinion and co-operation are of any value. Up to within a very few years, the medical profession of this country was a heterogeneous mass, or incompatible mixture. But a change has come over it. Inert and useless matter is being precipitated, while the portions having affinity for each other, are crystalizing into definite forms, and giving origin to the different associations named at the beginning of this article. The ultimate influence of this process—its reaction on the mass of the profession and the people, cannot be otherwise than beneficial. Medical education, the improvement of which has been an object earnestly sought by the profession for many years, has unmistakably received an impetus. Active minds in the profession have been earnestly and successfully engaged in the investigation of specific subjects, and valuable papers have been published as a result of these labors. At each meeting of these associations interesting and instructive discussions are participated in, and in the American Medical Association the extent and variety of these discussions has been greatly increased by the division of that body into sections.

There are two or three features which these conventions have in common, which are worthy of brief comment, viz: their *nationality*, their *migratory character*, their *sociable feature*.

All the bodies named have been composed of delegates from every part of the country, who have met in a truly fraternal spirit, to endeavor to advance the common good of their chosen profession, and through it of the several communities they represent.

Thus far, these conventions have been migratory, the annual meetings having been held in the large cities and towns in all parts of the country. We trust that this feature will not be perpetuated, but that all these associations will become localised, or at least partially so, holding a majority of their meetings in one place. In such case, might they not coalesce the other two coming under the broad wing of the American Medical Association, taking their position in appropriate sections in connection with that body?

The sociable feature of these annual meetings is a very pleasant one, and annually grows in importance. Evening receptions, with a temperate use of the provisions supplied on those occasions, afford an excellent opportunity for the delegates to become acquainted. It has afforded us pleasure to notice that there is a growing disposition to have bodies unite in these sociable evening parties. Many of the delegates are accompanied by female members of their families, thus adding to their own comfort and pleasure, while conferring a benefit on their companions, and adding a very agreeable variety to the meetings of the associations. At New Haven this feature—the female element—in the evening receptions was a very pleasant one, and more general than we have observed on any former occasion.

Next year, the American Medical Association meets in Chicago, Ill.; the Association of

Superintendents of Hospitals for the Insane in Providence, R. I.; and the Quarantine and Sanitary Convention in Cincinnati.

A NEW WEEKLY MEDICAL JOURNAL.

The star of weekly medical journals seems at last to be in the ascendant. After a great many unsuccessful attempts to establish them in this city and New York, the MEDICAL AND SURGICAL REPORTER at last led the way, adopting a course which at once popularized it with the profession. Our neighbors of New York, ever ready to profit by a good example, last year began the publication of one weekly, and now we have before us the initial number of a second, which will shortly make its appearance regularly.

The "American Medical Times" is the title of this new candidate for professional favor. It is published by Bailliére & Co., the publishers of the late New York Journal of Medicine, which is discontinued. In form and appearance the Times copies very closely after the London weekly journals. It is edited by Dr. Stephen Smith, late of the Journal of Medicine, Dr. Elisha Harris, and Dr. Geo. F. Shrady. The contents of the number we have received, are varied and interesting. There is plenty of material in New York to support at least one good weekly. We wish that the Times was in the hands of the profession entirely. Its publishers are enterprising men, and the editors are well known for their ability. We wish the Times unbounded success, and cordially extend to it the fraternal hand.

A respected correspondent, in another column, thinks that we have unfairly commented on the recent discussion of the Pennsylvania Society of Dental Surgeons, on the subject of anæsthesia in dental surgery. He does not admit that the ridiculous objections to ether, presented at that meeting, as its unpleasant odor, terrible magnifying of its dangers, and the opinion that the effect of ether is entirely on the imagination of the patient, etc., are equivalent to an "opposition" to its administration. Should a medical practitioner refuse to vaccinate his patients, or, if the patients insist upon it, send them elsewhere to have it done, or express an objection to it on account of its dangers, such conduct would justly be considered as opposing vaccination. Similar conduct toward anæsthesia—a blessing more than coequal with vaccination—must be similarly viewed.

The tone of the discussion was against the *use* of ether as well as its abuse, and no one at the meeting took a clear position in favor of its general application to dental surgery.

We admit, with our correspondent, that very many dentists are not by education capacitated for the judicious administration of anæsthetics, but our criticism was not addressed to that class, but to those who stand higher in the profession, as the members of the Pennsylvania Association of Dental Surgeons, who are presumed to have sufficient intelligence and general medical information for the safe use of ether in painful operations. It would be unfortunate indeed, if the pain incident to operations on the mouth and its immediate connections, which are appropriated as the peculiar domain of the dentist, is not to be prevented, as in general surgical operations, on account of the incompetence or prejudice of some dental operators.

Dentists who are incompetent to administer ether safely, or are unwilling to give it, should not practice the higher departments of their profession, but keep strictly to its mechanical details.

The remark, "that the Association does not hold itself responsible for the opinions and theories that individual members may entertain," will not save the Association from a verdict inferred from individual expressions of opinion.

Cautery to the Epigastrium in the Vomiting of Pregnancy.—The actual cautery in the form of moxas, and issues made with Vienna paste have been successfully used by Mr. Ferrand in obstinate vomiting during gestation. Cases which resisted all other treatment were relieved by such application to the epigastrium.

Correspondence.

Messrs. Editors:—As in the last number of the REPORTER you deemed it advisable to make the recent discussion of 'Anæsthetic Agents' at a meeting of the Pennsylvania Association of Dental Surgeons the subject of an editorial, I trust you will grant me the use of the columns of the journal, not for the purpose of commenting upon the manifestation of justice evinced on your part in that effort, but to correct the erroneous impression you have formed, and communicated to others of the "opposition to anæsthesia" in the practice of dentistry.

A *careful* perusal of the report, presented in the *Dental Cosmos*, will convince any one that though some of the members stated that they did not (for reasons all sufficient to themselves) employ anæsthic agents, *no* opposition was offered to the judicious use of ether in the hands of *competent* and *careful* persons. In addition to this, several of the members present, advocated very strongly the use of that agent, and others, who were not present, have had as much, if not more experience in its administration, than any medical or surgical practitioner in the country.

The *general* tenor of the remarks made on that occasion, was not in opposition to the judicious *use*, but the *abuse* of anæsthethics; for though deeply sensible that the discovery of anæsthesia is undoubtedly one of the greatest boons ever conferred upon suffering humanity, those present could not be unmindful of the fact, that immunity from the pain attendant upon the extraction of teeth, cannot be purchased without some degree of danger to life, when the patients operated upon are laboring under serious affections of the vital organs, and particularly where the operator is ignorant alike of the human organism, the nature of the agent employed, and the proper course of treatment in cases of impending fatal determinations.

Unfortunately this is too often the case, for many persons who have been unsuccessful in other callings, regarding dentistry as an avocation easy of acquisition, after passing a few weeks, or months at best, in the office of one as incapable of teaching the science, as he was of practicing the art, with no other preparation have entered upon the practice of the profession? Some thus duped in the beginning, have by extraordinary exertions and studious application, mastered every obstacle, and become bright and leading lights in our ranks. They are, however, the few exceptions. In the hands of these psuedo-dentists it might be warrantable to entrust the administration of anæsthetics to useless canines,

"Both mongrel, puppy, whelp, and hound,
And curs of low degree,"

but not the lives of human beings.

It may be said, in response to this, that, with such *parasites* foisted upon the profession, it becomes an imperative duty on the part of all who have been properly trained for their profession, that they should employ anæsthetics in their practice. On this point a portion even of those who have received a thorough medical education, recognizing a distinct line of demarcation between the practice of dentistry and medicine, prefer, so far as they are *individually* concerned, that the entire responsibility of the administration of ether, should be assumed by the medical adviser of the patient. At the same time, a due respect for the sentiments and rights of esteemed fellow practitioners with whom they differ, would prevent them from insisting upon the universal adoption of such a rule.

In the course of your comments, as you take occasion to quote a remark of mine, permit me to add the remaining part of the sentence. You remark, "one of the speakers, who takes a very æsthetic view of anæsthesia, said that 'his principal reason for not using ether, is that it contaminates the atmosphere of the operating room to an extent which makes it disagreeable alike to patients and himself;'" the continuation of the sentence was as follows, "and as several of his friends, in whose judgment and discretion he has every confidence, are in the habit of administering it, and like to do so, he sends patients desiring to be etherized, to them." An operator, under such circumstances, certainly may be permitted to consult the comfort of the *vast majority* of his patients, as well as his own inclinations, without throwing himself open to the charge of failing to respond to the claims of suffering humanity.

Though candidly acknowledging that the views advanced by one of the members, with regard to the effect of anæsthetics are decidedly novel, I must also state that the Association does not hold itself responsible for the opinions and theories that individual members may entertain. Deeming it unnecessary, therefore, to controvert the position assumed by you, that "it is no credit to the profession which claims the honor of conferring on humanity the greatest boon of science, to have the merits of anæsthesia so triflingly treated by one of the most influential dental organizations," I would merely present in response to that assertion, the following extract from the discussion, as reported:

"When taking into consideration the irresponsible character of many who use anæsthetic agents in the most reckless manner, their utter ignorance of physiological laws, of the medical properties of the agents employed, and their inability to diagnose the existence of diseases in which it is contra-indicated,

it is strange that we have not had a greater number of fatal accidents accompanying their administration. No rational medical practitioner would countenance for one moment the exhibition of such powerful agents in affections where life hangs as by a thread; as, for instance, in organic affections of the heart, in paralysis, or in marked predispositions to apoplexy; and it is the height of temerity for the dentist to employ them under such circumstances. We find by the newspapers, the medical and dental journals, that fatal results have attended the administration of chloroform, if not of ether. In all of these cases, were those engaged in the exhibition of the agent equal to the emergency? Did they employ all the remedial agencies, while there was still life and hope, that have been suggested for the recuscitation of persons in a state of apnœa?

"As Bichat truly said, life rests upon a tripod, formed by innervation, respiration and circulation, mutually dependent on each other, life ceases upon the complete arrestation of either function. Innervation and respiration may be *suspended* for a time, and again be resumed; but the great circulatory centre, the heart, once ceasing to act, it never resumes its function. In many of the fatal cases that have occurred in the inhalation of chloroform, the patients at first were, without doubt, merely in a comotosed condition; in this state the circulation is eventually arrested, because the acts of inspiration and expiration cease, and the failure of these is due to a suspension of nervous power; under such circumstances, if *artificial respiration* is kept up until the *coma* has passed off, all the danger to life which depended upon that condition may be escaped. To maintain this artificial respiration, various plans have been proposed. The lungs have been inflated with air by passing the nozzle of a pair of bellows into the larynx; mouth to mouth inflation has been practiced; and Dr. Marshall Hall, several years since, presented to the world his postural method—first placing the patient on the face, and pressing the chest with the hands, then turning him on the side, and repeating this fifteen or twenty times a minute.

"The most simple and philosophical plan yet suggested, has only been made within the last two years, by Dr. Silvister, an English physician. His treatment, which is in accordance with established physiological principles, and is a simple imitation of natural deep inspiration, is as follows: the patient is placed on his back, the shoulders being slightly raised, by placing something under them, the tongue is then drawn forward, and kept projecting beyond the lips by an assistant, or, in the absence of another person, by closing the lower jaw, and passing a handkerchief under the chin and fastening it over the head; in this way the tongue is prevented from falling back into the throat, the larynx is raised, and nothing intervenes to prevent the air from passing through the nares either to, or from the lungs. The patient's arms are then extended upward and forward for a few seconds; by this action, the capacity of the chest is enlarged, by the pectoral and other muscles, which pass between the chest and shoulders, elevating the ribs and sternum, a vacuum is formed, and the air rushes in as in natural *inspiration;* the arms are then carried down and pressed gently and firmly against the sides of the chest, the cavity of the thorax is diminished by this action and forcible *expiration* is produced. These actions are to be repeated alternately fifteen times in a minute, until natural respiration is established, or all hope of resuscitation is past."

As you have suggested, this may be treating the subject in a *trifling* manner, but it does not so impress me. As Pope says, this may be due however to the fact, that

"To observations which ourselves we make,
We grow more partial for the observer's sake."

Leaving this matter to be decided by your readers, I remain with respect,

Yours truly,

J. H. McQUILLAN.

Philadelphia, June 12th, 1860.

Items and Miscellany.

Howard Hospital.—Dr. S. W. Gross has been appointed one of the Surgeons of this institution, to take the department of Diseases of the Genito-Urinary Organs.

Dr. Charles Neff has been appointed one of the Surgeons, with the department of General Surgery.

The latter appointment is in place of Dr. S. D. Gross, who resigned recently. The Hospital is in a flourishing condition, and the managers have recently purchased a large building which will soon be fitted for the accommodation of patients.

Army and Navy.—Instead of proceeding to Fort Randall at the expiration of his present leave of absence, as heretofore directed from the War Department, Assistant Surgeon L. H. Holden has been ordered to return immediately to Fort Brown, and report for duty at that station.

A Board, consisting of Surgeon C. McDougall, Assistant Surgeons J. F. Hammond and J. Campbell, Medical Department, assembled

at West Point, N. Y., on the 11th of June, 1860, to examine into the physical qualification of the candidates for admission into the Military Academy.

Assistant Surgeon E. Swift. now at Fort Leavenworth, has been ordered to repair to Fort Randall, and report for duty at that post.

Dr. Edward Warren, editor of the North Carolina Medical Journal, has been appointed to fill the vacancy created in the Baltimore Medical College, by the death of Dr. Fricke.

A New Danger from Chloroform.—Mr. Syme has announced that *chloroform induces pyæmia.* The evidences of it, or his theory in coming to this startling conclusion have not yet been presented, but the *Medical Times* reports an operation of lithotomy by this distinguished surgeon, in which no anæsthetic was used. The patient was otherwise healthy, and it is said bore the operation, which was protracted and painful, with great courage.

Why, with his views, ether was not substituted, is not stated; nor can we determine whether Mr. Syme's opposition to chloroform is the result of an honest conviction, or merely the offspring of vicious feelings toward his great rival, the introducer of chloroform.

Liberality.—The Hon. John L. Schoolcraft, of Albany, N. Y., recently deceased, bequeathed the sum of fifteen hundred dollars to his attending physician, Dr. Mason F. Cogswell.

Answers to Correspondents.

Dr. J. S., of St. Louis.—Any article to which European attention is desired would, if it deserved it, be insured notice by appearing in the columns of the REPORTER. Our European exchanges are extensive, and the journal is sent weekly to all foreign journals of repute.

COMMUNICATIONS RECEIVED.—*Georgia*, Dr. J. Emmet Blackshear, [with encl.,] Dr. W. A. Love, [with encl.]—*Illinois*, Dr. A. D. Wilson, [with encl.,] Dr. P. Gregg—*Kansas*, Dr. John S. Redfield, [with encl.,] Dr. J. A. Phillips, [with encl.]—*Kentucky*, Dr. T. F. Clardy, [with encl.]—*Louisiana*, Messrs. McDonnell & Derringer, [with encl.]—*Michigan*, Dr. L. D. Tompkins—*Missouri*, Dr. Amos H. Coffee—*New York*, Dr. R. Van Gieson—*North Carolina*, Dr. L. Stewert—*Ohio*, Dr. N. J. Daniel, [with encl.]—*Pennsylvania*, Dr. J. M. Matlock, Dr. D. O. Crousk [with encl.]—*Tennessee*, Dr. David Thompson—*Vermont*, Dr. S. H. Currier, [with encl.]—*Virginia*, Dr. David May, [with encl.,] Dr. Robert Campbell, [with encl.]

Office Payments—Dr. John K. Raub, Dr. E. P. Leake, Dr. P. C. McNeill, Dr. Alf. Parsons. By Mr. Hulme: Drs. J. H. Fromberger, W. E. Case, G. B. L. Clay, Jos. C. Stroud, J. H. Stokes, J. J. Spencer, David D. King, J. G. L. Whitehead, Jacob Rikabugh, B. C. Everett.

MARRIAGES.

BOISNOT—BURR—On May 30th by Rev. A. A. Willatts, D. J. M. Boisnot, of Philadelphia, to Miss Lizzie Burr, of New York city.

SMITH—KAIGHN—On the 5th inst., at Kaighn's Point, N. J, at the residence of the bride's father, Dr. Albert H. Smith, of this city, to Emily, daughter of Charles Kaighn, Esq., of the former place.

DEATHS.

ISAACS—In Brooklyn, June 16th, Dr. Charles E. Isaacs, late Demonstrator of Anatomy in the College of Physicians and Surgeons and the University of New York.

The many friends and former pupils of Dr. Isaacs will hear with great sorrow of his sudden and early death. In the prime of his life, with many years of usefulness apparently yet before him, he has been removed from our midst. It is unnecessary to speak of Dr. Isaacs' labors as a physician. His devotedness to anatomy, the study of his choice, and his earnest labors in microscopy, have given him a place amidst the foremost of his compeers. His gentle and pleasing manner made him ever a friend of the student. Science is indebted to him for some most practical and useful discoveries. The extension of the pleura into the deep fascia of the neck was first announced by him. There is no better description of minute anatomical stricture of the kidney than that by Dr. Isaacs, in his beautiful monograph on the subject. But while we deplore in his loss that of a ardent cultivator of science, a classic scholar, and a good physician, there are many, far and near, who will be saddened by the loss of a true and warm friend of the most upright character, with great moral qualities, and a generous soul. Peace to his ashes!

LIZARS—Mr. John Lizars, of Edinburgh, who was known throughout the medical world as an eminent surgeon and a philanthropist, died suddenly of apoplexy on the 21st of last month. He was a pupil of Bell, and an associate of Liston. He accomplished much as an original surgeon, and was the first in his country to tie the innominata for aneurism, and to remove the superior maxilla.

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1860-'61.

FACULTY.

B. HOWARD RAND, M. D., Professor of Chemistry.
HENRY HARTSHORNE, M. D., " Practice of Medicine.
LEWIS D. HARLOW, M. D., " Obstetrics, &c.
WILLIAM S. HALSEY, M. D., " Surgery.
WM. HEMBEL TAGGART, M. D., " Materia Medica.
JAMES AITKEN MEIGS, M. D., " Institutes of Medicine.
WM. H. GOBRECHT, M. D, " Anatomy.
THEODORE A. DEMMÉ, M. D., Demonstrator of Anatomy.

The session of 1860-'61 will commence on Monday, 8th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

The Rooms for Practical Anatomy will be open early in September.

The College Clinic will be conducted on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in this city.

FEES.

Matriculation, (paid once only,) - - - -	$5 00
For each Professor's Ticket, - - - -	15 00
Graduation, - - - - - - - -	30 00

LEWIS D. HARLOW, M. D., *Dean*,
192—1em *No.* 1023 *Vine, below* 11*th Street.*

COLLEGE OF PHYSICIANS AND SURGEONS,

CORNER 23D STREET AND FOURTH AVENUE,

NEW YORK.

FIFTY-FOURTH SESSION 1860-'61

EDWARD DELAFIELD, M. D., President of the College, and Professor Emeritus of Obstetrics.
ALEXANDER H. STEVENS, M. D., LL.D, Professor Emeritus of Clinical Surgery.
JOHN TORREY, M. D., LL.D, Professor Emeritus of Chemistry and Botany.
JOSEPH MATHER SMITH, M. D., Professor of Materia Medica and Clinical Medicine.
ROBERT WATTS, M. D., Professor of Anatomy.
WILLARD PARKER, M. D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.
CHANDLER R. GILMAN, M. D., Professor of Obstetrics. the Diseases of Women and Children, and Medical Jurisprudenca.
ALONZO CLARK, M. D., Professor of Pathology and Practical Medicine.
JOHN C. DALTON, JR., M. D., Professor of Physiology and Microscopic Anatomy.
SAMUEL ST. JOHN, M. D., Professor of Chemistry.
THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.
GEORGE T. ELLIOTT, M. D., Lecturer Adjunct to the Professor of Obstetrics.
HENRY B. SANDS, M. D., Demonstrator of Anatomy and Curator of the College Museum.

The Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures, $105. Graduation Fee, $25. Demonstrator's Fee, $5. Matriculation Fee, $5.

JOHN C. DALTON, JR., M. D.,
192—3m. *Secretary of the Faculty.*

TO PHYSICIANS.

A PHYSICIAN offers for sale his good will and property, consisting of a good dwelling house, with double office attached, and well improved lot, eligibly located, has been the residence of a physician for the last fourteen years.

A physician wishing to secure a pleasant home and good practice in an enterprising, intelligent, moral community, on moderate terms, and easy payments, will address

J. G. L. SHINDELL,
Selinsgrove, Pa.

Or P. S. LEISINRING, M. D.,
Hollidaysburg, Pa. 192—4t

TRUSS
AND
BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

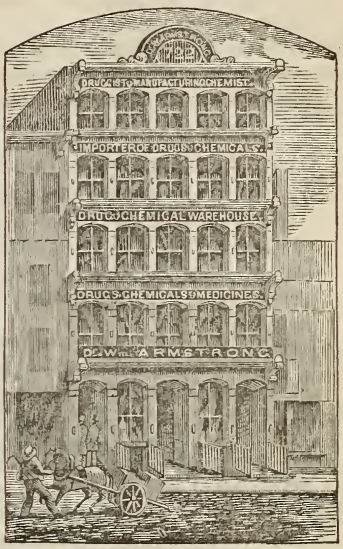
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with above, with flattering results. 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.


DRUG & CHEMICAL MANUFACTURING CHEMIST
IMPORTER OF CRUDE DRUGS & CHEMICALS
DRUG & CHEMICAL WAREHOUSE
DRUGS, CHEMICALS & MEDICINES
DR. WM. ARMSTRONG

Also a General Assortment of Concentrated Medicines, from the Laboratories of MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut.	2 to 5	1 50
Alnuin	Res. Rd. Neut.	2 to 10	75
Apocynin	Rd. Res. Neut.	½ to 3	2 00
Asclepin	Rd. Neut.	1 to 5	1 50
Baptisin	Res. Neut	1 to 8	1 00
Barosmin	Res. Neut.	1 to 3	2 00
Caulophylin	Rd. Neut.	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut.	2 to 5	1 25
Chimaphilin	Res. Rd. Neut.	2 to 5	1 00
Collinsonin	Res. Neut.	2 to 5	2 00
Colocynthin	Rd.	½ to 2	2 00
Cornin	Rd. Neut.	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut.	1 to 3	3 00
Cypripedin	Rd. Neut.	2 to 4	1 00
Digitalin	Rd. Alk. two Neut.	¼ to ½	1 50
Dioscorein	Res. Neut. M. R.	2 to 5	1 50
Euonymin	Rd. Alk. Neut.	1 to 4	2 00
Enphorbin	Rd. Neut.	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk.	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk.	2 to 5	1 50
Fraserin	Res. Neut. and M. R.	2 to 10	1 00
Gelsemin	Rd. Alk. Neut.	¼ to 1	2 00
Geranin	Rd. Tannin.	2 to 5	60
Gossypiin	Rd. Neut.	3 to 8	2 00
Hamamelin	Res. Neut.	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut.	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut.	⅛ to ½	2 50
Irisin	Res. Rd. Alk. Neut.	1 to 3	1 00
Jalapin	Res.	2 to 5	1 50
Juglandin	Rd. Neut.	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut.	2 to 5	60
Lupulin	Res. Rd. Neut.	1 to 4	75
Lycopin	Rd. Neut.	1 to 4	1 00
Macrotin	Rd. Alk. Neut.	½ to 2	60
Menispermin	Rd. Alk. Neut.	1 to 5	1 00
Myricin	Rd. and Tannin.	2 to 5	60
Phytolacin	Rd. Neut.	½ to 3	1 00
Podophyllin	Rd. Alk. Neut.	½ to 3	60
Populin	Rd. Neut.	2 to 5	50
Prunin	Rd. Neut. Amyg.	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to and sent to all parts of the United States, by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Phila'da.

J. M. MIGEOD,

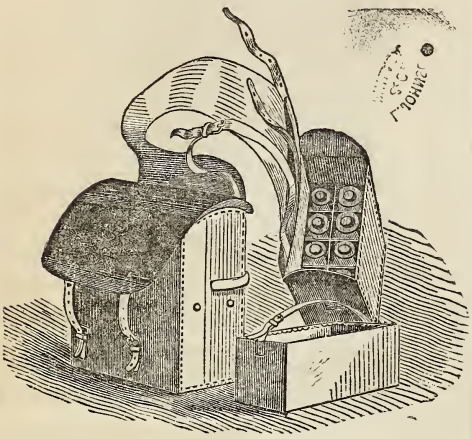
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12	1 oz.	Ground Stop.	Bottles and		
	12	1½ oz.	"	"		$9 50
No. 2, containing	10	1 oz.	"	"	and	
	10	1½ oz.	"	"		8 50
No. 3, containing	8	1 oz.	"	"	and	
	8	1½ oz.	"	"		7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24	1 oz.	Ground Stop.	Bottles,	$10 50
No. 5, "	20	1 oz.	"	"	9 50
No. 6, "	16	1 oz.	"	"	8 50

Pattern with Drawers in Ends.

No. 7, containing	24	1 oz.	Ground Stop.	Bottles,	$10 50
No. 8, "	20	1 oz.	"	"	9 50
No. 9, "	16	1 oz.	"	"	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27	1 oz.	Ground Stop.	Bottles,		
" "	18	½ oz.	"	"		
" "	4	Pots,	"	"	and	
" "	1	Mortar,	"	"		$19 00
No. 2, containing	21	1 oz.	Ground Stop.	Bottles,		
" "	14	½ oz.	"	"		
" "	4	Pots,	"	"	and	
" "	1	Mortar,	"	"		$15 50
No. 3, containing	18	1 oz.	Ground Stop.	Bottle		
" "	10	½ oz.	"	"	and	
" "	4	Pots,	"	"		$12 00
No. 4, containing	20	1½ oz.	Ground Stop.	Bottles and		
" "	2	Pots,	"	"		$8 50
No. 5, containing	15	1 oz.	Ground Stop.	Bottles,		$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9	1½ oz.	Ground Stop.	Bottles,		
" "	18	1 oz.	"	"		
" "	18	½ oz.	"	"		
" "	4	Pots,	"	"	and	
" "	1	Mortar,	"	"		$20 00
No. 2, containing	7	1 1½ oz.	Ground Stop.	Bottles,		
" "	14	1 oz.	"	"		
" "	14	½ oz.	"	"		
" "	4	Pots,	"	"	and	
" "	1	Mortar,	"	"		$16 50
No. 3, containing	14	1 oz.	Ground Stop.	Bottles,		
" "	14	1½ oz.	"	"	and	
" 4	4	Pots,	"	"		$13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

HUSBAND'S

ISINGLASS ADHESIVE PLASTER.

THIS PLASTER has been found to be admirably adapted to strapping after surgical operations, and as a dressing to either incised or lacerated wounds. It is cleanly, of easy application, adheres firmly *without producing inflammation*, and being semi-transparent, allows of an examination of the parts without their having to be disturbed by its removal, until, in many instances, the cure is effected. This Plaster is not affected by age, and will bear exposure to any climate.

Professor MUTTER, in his late edition of Professor Liston's Lectures on Surgery, &c., remarks that "the Isinglass Plaster, referred to by Mr. Liston, is exceedingly well made by Mr. Husband, of this city; and for some time past I have almost abandoned the use of the old adhesive plaster of the shops, which often, in persons of a delicate skin, or children, produces troublesome irritation."

For sale by the Druggists, and by

T. J. HUSBAND,

173 N. W. Cor. Third and Spruce sts., Philada.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

WANTED.

SEVERAL PERSONS TO TRAVEL AS **AGENTS** TO OBtain subscribers for this Journal. Students or young graduates would find this pleasent and profitable employment, as we allow a liberal percentage for new subscribers, and the exceedingly practical and popular form and low price of the REPORTER, will induce most physicians to subscribe to it if called upon.

None need apply without good recommendations. Address the Editors

THE MEDICAL USES OF ELECTRICITY IN THE TREATMENT OF NERVOUS AFFECTIONS—A new and important medical work, now in press, and will be issued in the course of a few days, by Messrs. TICKNOR & FIELDS. This will be a thoroughly systematic work of over 700 pages, and finely illustrated with nearly 100 cuts, showing not only the best "*methods*" for the therapeutical employment of electricity in the various nervous diseases, but also *showing the anatomy of the parts* (nerve-trunks and muscle fibres) liable to be involved; moreover, presenting a concise view and means of diagnosis of the great variety of nervous affections met with in every day practice. This work is from the pen of ALFRED C. GARRATT, M. D., of Boston, who of late years, it is well known, has made this difficult department of medicine his *specialty*. It is addressed to medical students, and is dedicated to Dr. JOHN HOMANS, President of the Massachusetts Medical Society. It is intended for the professional eye. There is no similar work in the English language. 190

A COURSE OF INSTRUCTION IN ANALYTICAL CHEMISTRY, therapeutical and practical, and with the especial view to the wants of the physician, will be commenced early in July. The course will close with the Analysis of Animal Fluids, Blood, Urine, &c.

Applications to be made at the laboratory of

J. M. MAISCH,
800 Arch Street.

Organic and Inorganic Analyses promptly attended to. 190

DENTAL INSTRUMENTS—TEETH.

JOHN KLINE,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, FINDINGS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 188

J. JACOB TEUFEL,

MANUFACTURER OF

SURGICAL AND DENTAL

INSTRUMENTS AND TRUSSES.

103 South Eighth St., 3d door below Chestnut,

PHILADELPHIA.

☞ *A large assortment always on hand.* ☜ 186

Anatomical, Pathological, and Microscopical Preparations.

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS intrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood cut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILLUSTRAION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION intrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS M. D.
768 Florida street, Philadelphia

REFERENCES.

JOSEPH PANCOAST, M. D., Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.
D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.
ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.
J. DA COSTA, M. D., Physician to the Episcopal Hospital.
F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital.
Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN,** No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved

RADICAL CURE and other TRUSSES,
FEMALE SUPPORTERS,
SHOULDER BRACES,
ELASTIC STOCKINGS,
SPINAL APPARATUS

For weak and curved spines, and

INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

ARTIFICIAL EYES.

PERSONS wanting ARTIFICIAL EYES can have them made to order, and inserted, without pain, by DR. OSMUN, Oculist, 1619 Chesnut street, Philadelphia.

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P. . . . $0 37½
Aloes et Assafœt: U. S. P. . . 37½
Aloes et Ferri . . . 37½
{ Pulv: Aloes, Socot: ½ gr.
{ " Zingib: Jam: 1 gr.
{ Ferri Sulph: Exsic: 1 gr.
{ Ext: Conii ½ gr.
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
{ Pulv: Aloes Socot:
{ " Sapon: Hispan:
{ " Fruct: Colocynth:
{ " Gambogiæ
{ Oleum Anisi
Anti-bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . 37½
" Comp: (Plummer's) 3 grs. . 37½
{ Calomel
{ Oxysulph Antimony
{ Guaiacum Resin
Calomel et Opii . . 37½
{ Calomel 2 grs.
{ Opium 1 gr.
Cathart: Comp: U. S. P. . . 37½
Cinchon: Sulph: 1½ grs. . . 50
Cook's, 3 grs. . . 37½
{ Pulv: Aloes Soc: 1 gr.
{ " Rhei 1 gr.
{ Calomel ½ gr.
{ Sapo Hispan: ½ gr.
Colocynthidis Comp: 3 grs. . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . . 37½
Copaibæ et Ext: Cubebæ . . 37½
{ Pil: Copaibæ, 3 grs,
{ Ext: Cubebæ 1 gr.
Copaibæ Comp: . . 37½
{ Pil: Copaib:
{ Resin Guaiac:
{ Ferri Cit:
{ Ext: Cubeb:
Fel Bovinum, . . 50
{ Inspisated Oxgall 2 gr.
{ Powd: Jamaica Ginger, 1 gr.
Ferri (Quevenne's) 1 gr. . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . 37½
Ferri Comp: U. S. P. . 37½
Ferri Iodid: 1 gr. . . 50
Ferri Lactat: 1 gr. . . 37½
Ferri et Strychniæ . . 62½
{ Strychniæ 1-60 gr.
{ Ferrum per Hydrogen (Quevenne's) 2 gr.

PIL: Ferri Valer: 1 gr. . . 75
Ferri et Quin: Cit: 1 gr. . . 50
Ferri et Strychniæ Cit: 1 gr. . . 37½
{ Strychnia Cit: 1-50 gr.
{ Ferri Cit: 1 gr
Galbani Comp: U. S. P. . . 37½
Hooper (Female Pills) . . 37½
Hyd argyri, U. S. P. 3 grs. . 37½
Ipecac et Opii, 3⅓ grs. . . 37½
Pulv: Doveri, U. S. P.
Opiii, U. S. P. 1 gr. . . 37½
Opii et Camphoræ . . 50
{ Pulv: Opii, 1 gr.
{ Camphoræ, 2 grs.
Opii et Plumbi Acet: . . 37½
{ Pulv: Opii, ½ gr.
{ Plumbi Acet: 1½ grs.
Quiniæ Sulph: 1 gr. . . 62½
Quiniæ Sulph: 2 grs. . . 1 00
Quiniæ Comp: . . 75
{ Quin: Sulph: 1 gr.
{ Ferrum per Hydrogen (Quevenne's) 1 gr.
{ Acid Arsenious 1-60 gr.
Quiuiæ et Ext: Belladon: . . 62½
{ Quiniæ Sulph: 1 gr.
{ Ext: Belladon: ½ gr.
Rhei, U. S. P. . . 37½
Rhei Comp: U. S. P. . . 37½
Scillæ Comp: U. S. P. . . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
{ Pulv: Aloe Scott:
{ Gum: Mastich:
{ Flor: Rosæ
Zinci Valerian: 1 gr. . 75
GRANULES, Acid: Arsenious, 1-20 gr. . 25
" " 1-50 gr. . 25
Aconitia, 1-60 gr. . . 50
Atropia, 1-60 gr. . . 50
Corrosive Sublimate, 1-12 gr. . 25
Digitalin, 1-60 gr. . . 50
Elaterium (Clutterbuck's) 1-10 gr. . 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr. . 25
" Nux Vomica, ½ gr. . 37½
Mercury Iodide, ¼ gr. . . 25
" Red, 1-16 gr. . . 25
Morphia Sulphate, 1-10 gr. . . 37½
" " 1-6 gr. . . 50
" Valerianate, ⅛ gr. . . 62½
Quinia Valerianate, ½ gr. . . 1 00
Silver Nitrate, ¼ gr. . . 37½
Strychnia, 1-20 gr. . . 37½
" 1-40 gr. . . 37½
Veratia Sulphate, 1-12 gr. . . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of emicals and Chemical Apparatus, for distribution. 180, 1y

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Piills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P. . . . $0 37½
Aloes et Assafœt: U. S. P. . 37½
Aloes et Ferri . . . 37½
{ Pulv: Aloes, Socot: ½ gr.
{ " Zingib: Jam: 1 gr.
{ Ferri Sulph: Exsic: 1 gr.
{ Ext: Conii ½ gr.
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
{ Pulv: Aloes Socot:
{ " Sapon: Hispan:
{ " Fruct: Colocynth:
{ " Gambogiæ
{ Oleum Anisi
Anti-bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . 37½
" Comp: (Plummer's) 3 grs. . 37½
{ Calomel
{ Oxysulph Antimony
{ Guaiacum Resin
Calomel et Opii . . . 37½
{ Calomel 2 grs.
{ Opium 1 gr.
Cathart: Comp: U. S. P. . . 37½
Cinchon: Sulph: 1½ grs. . . 50
Cook's, 3 grs. . . . 37½
{ Pulv: Aloes Soc: 1 gr.
{ " Rhei 1 gr.
{ Calomel ½ gr.
{ Sapo Hispan: ½ gr.
Colocynthidis Comp: 3 grs. . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . . 37½
Copaibæ et Ext: Cubebæ . . 37½
{ Pil: Copaibæ, 3 grs,
{ Ext: Cubebæ 1 gr.
Copaibæ Comp: . . . 37½
{ Pil: Copaib:
{ Resin Guaiac:
{ Ferri Cit:
{ Ext: Cubeb:
Fel Bovinum, . . . 50
{ Inspisated Oxgall 2 gr.
{ Powd: Jamaica Ginger, 1 gr.
Ferri (Quevenne's) 1 gr. . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . . 37½
Ferri Comp: U. S. P. . . 37½
Ferri Iodid: 1 gr. . . . 50
Ferri Lactat: 1 gr. . . . 37½
Ferri et Strychniæ . . . 62½
{ Strychniæ 1-60 gr.
{ Ferrum per Hydrogen (Quevenne's) 2 gr.

PIL: Ferri Valer: 1 gr. . . . 75
Ferri et Quin: Cit: 1 gr. . . 50
Ferri et Strychniæ Cit: 1 gr. . . 37½
{ Strychnia Cit: 1-50 gr.
{ Ferri Cit: 1 gr
Galbani Comp: U. S. P. . . 37½
Hooper (Female Pills) . . 37½
Hyd argyri. U. S. P. 3 grs. . 37½
Ipecac et Opii, 3½ grs. . . 37½
Pulv: Doveri, U. S. P.
Opiii, U. S. P. 1 gr. . . 37½
Opii et Camphoræ . . . 50
{ Pulv: Opii, 1 gr.
{ Camphoræ, 2 grs.
Opii et Plumbi Acet: . . 37½
{ Pulv: Opii, ½ gr.
{ Plumbi Acet: 1½ grs.
Quiniæ Sulph: 1 gr. . . . 62½
Quiniæ Sulph: 2 grs. . . 1 00
Quiniæ Comp: . . . 75
{ Quin: Sulph: 1 gr.
{ Ferrum per Hydrogen (Quevenne's) 1 gr.
{ Acid Arsenious 1-60 gr.
Quiniæ et Ext: Belladon: . . 62½
{ Quiniæ Sulph: 1 gr.
{ Ext: Belladon: ½ gr.
Rhei, U. S. P. . . . 37½
Rhei Comp: U. S. P. . . 37½
Scillæ Comp: U. S. P. . . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
{ Pulv: Aloe Scott:
{ Gum: Mastich:
{ Flor: Rosæ
Zinci Valerian: 1 gr. . . 75
GRANULES, Acid: Arsenious, 1-20 gr. . 25
" " 1-50 gr. . 25
Aconitia, 1-60 gr. . . . 50
Atropia, 1-60 gr. . . . 50
Corrosive Sublimate, 1-12 gr. . 25
Digitalin, 1-60 gr. . . . 50
Elaterium (Clutterbuck's) 1-10 gr. 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr. . 25
" Nux Vomica, ½ gr. . 37½
Mercury Iodide, ¼ gr. . 25
" Red, 1-16 gr. . . 25
Morphia Sulphate, 1-10 gr. . 37½
" " 1-6 gr. . 50
" Valerianate, ⅛ gr. . 62½
Quinia Valerianate, ½ gr. . 1 00
Silver Nitrate, ¼ gr. . . 37½
Strychnia, 1-20 gr. . . 37½
" 1-40 gr. . . 37½
Veratia Sulphate, 1-12 gr. . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of emicals and Chemical Apparatus, for distribution. 180, 1y

THE MEDICAL USES OF ELECTRICITY IN THE TREATMENT OF NERVOUS AFFECTIONS—A new and important medical work, now in press, and will be issued in the course of a few days, by Messrs. TICKNOR & FIELDS. This will be a thoroughly systematic work of over 700 pages, and finely illustrated with nearly 100 cuts, showing not only the best "*methods*" for the therapeutical employment of electricity in the various nervous diseases, but also *showing the anatomy of the parts* (nerve-trunks and muscle fibres) liable to be involved; moreover, presenting a concise view and means of diagnosis of the great variety of nervous affections met with in every day practice. This work is from the pen of ALFRED C. GARRATT, M. D., of Boston, who of late years, it is well known, has made this difficult department of medicine his *specialty*. It is addressed to medical students, and is dedicated to Dr. JOHN HOMANS, President of the Massachusetts Medical Society. It is intended for the professional eye. There is no similar work in the English language. 190

A COURSE OF INSTRUCTION IN ANALYTICAL CHEMISTRY, therapeutical and practical, and with the especial view to the wants of the physician, will be commenced early in July. The course will close with the Analysis of Animal Fluids, Blood, Urine, &c.

Applications to be made at the laboratory of

J. M. MAISCH,
800 Arch Street.

Organic and Inorganic Analyses promptly attended to. 190

DENTAL INSTRUMENTS—TEETH.

JOHN KLINE,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, FINDINGS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 188

J. JACOB TEUFEL,

MANUFACTURER OF

SURGICAL AND DENTAL

INSTRUMENTS AND TRUSSES.

103 South Eighth St., 3d door below Chestnut,

PHILADELPHIA.

☞ *A large assortment always on hand.* ☜ 186

Anatomical, Pathological, and Microscopical Preparations.

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS intrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood-cut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILLUSTRAION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION intrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS, M. D.
768 Florida street, Philadelphia

REFERENCES.

JOSEPH PANCOAST, M. D, Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.

D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.

ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.

J. DA COSTA, M. D., Physician to the Episcopal Hospital.

F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital.

Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN,** No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved

RADICAL CURE and other TRUSSES,
FEMALE SUPPORTERS,
SHOULDER BRACES,
ELASTIC STOCKINGS,
SPINAL APPARATUS

For weak and curved spines, and

INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

ARTIFICIAL EYES.

PERSONS wanting ARTIFICIAL EYES can have them made to order, and inserted, without pain, by DR. OSMUN, Oculist, 1619 Chesnut street, Philadelphia.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 193 } PHILADELPHIA, JUNE 30, 1860. { NEW SERIES VOL. IV. NO. 13.

ORIGINAL DEPARTMENT.

Communications.

Account of an Epidemic of Diphtheria and Erysipelas.

By Dr. A. M. Sigmund,
Of Haversack, Lehigh county, Pennsylvania.

[communicated in a letter to prof. h. hartshorne.]

This epidemic appeared in the Southwestern portion of Lehigh county, about the beginning of January last, or perhaps as early as the latter part of December, 1859. It extended over a district a little more than a mile in length and nearly a mile wide. A valley, nearly half a mile wide, extended through the central portion, and hills on either side seemed to cut off the further spreading of the disease, which was at first almost confined to this limited district, although later some few cases presented themselves several miles away from this infected district; but not with the same severity and mortality.

It did not appear simultaneously in the whole district, but commenced at the upper or northern portion, and gradually extended downwards, so that by March nearly every family in the place had had more or less of the disease, and since then, until about two weeks ago, it raged with more or less severity.

I did not see any of the cases before the middle of March; the history previous to that time I learned from Dr. J. H. Dickenshied, with whom I am associated in practice.

It was called "Scarlatina Sore Throat," at first, and as the people seemed to understand and be better satisfied than if a technical and new name were given it, it was called so throughout the whole time that any cases arose.

Not a single family, and scarcely a single person, that lived within the limits above mentioned, escaped, without having at least some slight affection of the throat.

In some cases—on the second day, generally, of the throat affection—an erysipelatous inflammation of the face appeared, which proved fatal in several instances. Not one died who had merely the diphtheria.

Out of ten cases in our practice, who had both diphtheria and erysipelas, four died, and one of puerperal peritonitis. Of three, attended by a neighboring physician, two died.

The first symptoms that usually presented themselves were a feeling of languor or weariness, slight swelling of the glands at the side of the neck and difficulty in swallowing, and usually some febrile excitement. These symptoms usually existed a day or two before it was thought necessary to call in a physician. When the mouth and fauces were then examined usually the tonsils were found to be enlarged, sometimes very much so, and very red. Small, irregularly circumscribed, whitish, or yellowish white patches were scattered over the fauces, tonsils, and sometimes on the inside of the cheeks. These patches looked like deep-seated ulcers, and in some few cases there were small ulcers after the removal of the pseudo-membranous patches.

In some cases the disease existed in so slight a degree that it was not thought necessary to give anything more than a cathartic, and keep the patient on low diet for a few days, while on the other hand, the constitutional symptoms existed to such a degree of an asthenic charac-

ter that recourse had to be had to some of the most powerful stimulants.

None of the patients who had merely the diphtheritic inflammation were so much affected that diffusible stimulants had to be administered.

Not a single patient had *erysipelas* who was not laboring under the throat disease, however slightly, at the same time.

At present there is a patient, a woman, lying ill with erysipelas of the face, who commenced to complain of pain in the throat first, more than three miles from the place where the disease first appeared, and not a single case existed between the two places.

There undoubtedly exists a great analogy between diphtheria and erysipelas, but from what I have seen of it here this spring, I believe that the same constitutional poison which produced this diphtheria and erysipelas, is also capable of producing scarlatina, for I have seen in the same family persons attacked, some with diphtheria alone, some with it and erysipelas, and others, again, with the anginose variety of scarlatina. The precursory symptoms were almost the same, although in the case of scarlatina the symptoms were more violent and decided, and the febrile excitement much greater. We had not over half a dozen cases of scarlatina in our practice during the whole time. The disease generally lasted from four to nine or ten days. Some, however, told me, weeks after they were apparently well, that they felt weak, and unable to bear as much fatigue as before.

The treatment upon which we mostly relied was, first, a cathartic of calomel and jalap, or some of the salines; then the tinctura ferri chloridi, or the pot. chloras internally, and a solution of argenti nitras ℈j. to ʒss. to the ounce of water, locally. We found that the pseudo-membranous patches disappeared in a few days after a strong solution of the argent. nit. had been applied. It was applied once, in a few cases twice in twenty-four hours.

All the patients that died were delirious and comatose for some time before death occurred. They were treated by stimulants. Several of them rallied, and hopes were entertained that they would recover, but they again fell into a comatose condition, and sank rapidly.

Several, who recovered, were also delirious, and somewhat comatose, so much so that no hope was entertained that they would recover, but restoratives were applied and they rallied, and were supported by means of stimulants until the disease took a favorable change. In all the cases the erysipelatous inflammation commenced in the face. In nearly every case the whole face was entirely covered by the erysipelas. Other parts of the body were also attacked, but not to a very great extent, nor with the same severity.

Locally, nitrate of silver, tincture of iodine and acetate of lead, were applied, none of which seemed to mitigate the severity of the disease in the fatal cases. In the cases which recovered, the inflammation was circumscribed with nitrate of silver. Nothing else was used here, as this prevented the further spreading of the disease. Emollient poultices of slippery elm and flaxseed were applied during the interval of using the other local applications.

Scarlatina—Treatment and Result of Thirty-four Cases.

By E. A. Osborne, M. D.[1]

Of Newark, N. J.

Since the 15th of September last, thirty-five cases of scarlet fever have occurred in my practice. Thirty of those attacked with the fever were children, and five were adults.

The fever first commenced among the poorer classes of children, and was more malignant then, than afterwards. My treatment varied according to the condition of the patient, and the grade of the fever. I kept an accurate account of the symptoms and treatment of each individual case. But as I have nothing new to relate, and as a long report is unnecessary, I will give but a brief description of my general plan of treatment. In the treatment of scarlet fever, I am in favor of the early use of tonics.

[1] For this, and several other communications of interest, we are indebted to Dr. J. D. Osborne, Reporter of the Newark Medical Association, in which Society they were read. (Ed.)

I have found a great amount of debility following almost all cases. Of the tonics, I am partial to the preparations of iron, particularly the Tinct. of the Chloride. This I am in the habit of using as soon as the fever abates; I give it in full doses, frequently repeated.

In most of my cases, nausea and vomiting has been a marked symptom at the commencement of the fever. While diarrhœa has occurred in but two or three cases, constipation of the bowels has been the rule, and diarrhœa the exception. I generally give castor oil as a laxative; in some cases I have given calomel, or calomel and rhubarb when the bowels were confined, and the stomach too irritable to retain the oil, and where the demand for a purgative seemed to be urgent. I have not used cold water bathing in the height of the fever; but sponging the surface of the body with tepid water, (or with vinegar and water, or saleratus and water, where there is great itching of the skin) tends, in my opinion, very much to the relief of the patient. They will sometimes sleep quietly after its use, and are always more comfortable. I have remarked a good deal of uniformity in the frequency of the pulse in this fever, with children; in the large majority of the cases it was 140. When convulsions occur in this fever, my experience is, that very few will recover. Of the four cases that I lost, three died from convulsions, one recovered that had convulsions, according to the statement of the mother; one died from inflammation of the lungs, some time after the fever, as a sequela of the disease. In all cases there was some soreness of the throat; not always ulceration. In the majority of cases, however, there was ulceration. In three cases, soreness of the throat and fever were the only symptoms. Dropsy occurred in 6 cases; when it came on gradually, I found it to yield generally to mild diuretics, but when suddenly, and the symptoms were alarming, I found the best results from the hot bath and diaphoretics, particularly the liq. acet. ammoniæ, with the addition, when the fever ran high, of minute doses of tart. antim. or vin. ipecac. I lost no cases from dropsy. In three cases, where abscesses occurred, and in three cases of coryza, and the same number of cases of ottorrhœa, recovery took place under the tonic plan of treatment. In several cases I used the mistura ferri. com. and iodide of potassium, in combination, with good results. One troublesome case of follicular stomatitis, accompanied with coryza, got entirely well under the continued use of chlorate of potassa used internally, and topically as well. In those cases, which almost from the commencement assumed a typhoid form, I used the chlora of potass. with the best results. Great care is needed in the treatment of this fever not to reduce the strength of the patient. An active purgative will sometimes bring on a diarrhœa from which your patient, will rapidly sink. Cold applications to the head, tepid sponging of the body, with some mild febrifuge, such as the spts. mindereri, or where there is much nausea, the effervescing mixture and castor oil as a laxative, have been the means ordinarily relied on during the eruptive stage of the disease.

Abdominal Wound, with protrusion of Omentum.

By J. H. H. Love, M. D.
Of Westbloomfield, N. J.

On the morning of August 14, 1859, I was called to see a stout laboring Irishman, age 41, who had been enjoying a bit of a spree and a fight with a brother chip of the Green Isle. Examination of his person presented, beside several large flesh wounds on the lower extremities and on the chest, an incised wound penetrating the cavity of the abdomen. It was located in the umbilical region, left of the mesian line, in length externally two and a half inches: protruding from it were seen six inches of omentum, of a triangular shape, the apex being at the point farthest out.

The instrument with which this and the other wounds had been inflicted, was a common pocket knife, sharp point, and blade some 3 or 4 inches long. The patient was faint from loss of blood and surrounding circumstances. By the use of stimulants, reaction was soon established.

Washing with tepid water the protruding omentum, which, by the way, was all covered

with mud, I gradually restored it to the abdominal cavity, united the wound by three strong and deep sutures, placed a pad over the part, a bandage around the abdomen, and gave an opiate to quiet the restlessness.

No peritoneal inflammation followed, in fact no untoward symptoms of any kind. The wound healed well and rapidly, and in two weeks from the day he was injured the man returned to his work. This case is noticed only to show that severe abdominal wounds do sometimes occur without the fatal results usually attendant upon them.

Iodide of Potassium in Rheumatism—Belladonna as an antigalactic.

By D. Webster Bland, M. D.
Of Schuylkill Haven, Pa.

Having used the iodide of potassium in numerous cases of acute inflammatory rheumatism, I feel desirous of citing a few instances in which it has been almost the only remedy used.

During the months of March and April, I had a number of cases of inflammatory rheumatism under treatment. I generally adopted the usual treatment—treatment that has been used since the disease itself was known. Under the old plan of treatment my cases improved, but very slowly, and traces of the affection were still evident after the patient was discharged. The use of the iodide of potassium was suggested to me by an old physician, who had used it with some success. In April last I had seven cases of acute articular rheumatism under my charge. I adopted the following treatment, which resulted in rapid recovery in every case, and none of the patients had a relapse. To the joints I applied a solution of muriate of ammonia in the proportion of ℥ss. to a quart of water; the parts to be kept constantly moistened. During the first day I gave a full dose of sulph. magnesia, directed the patient ¼ gr. morphia at night. I immediately resorted to the iodide potass. in 3 gr. doses three times a day, according to the following formula—R. Potassæ Iodidi ʒj. Vin. Rad. Colch ℥ss.—Sulp. Morph. 2 gr.—Aquæ ℥vss.; a desert spoonful to be taken three times a day—the external applications were continued—and in the course of three days very evident symptoms of improvement were visible. Wherever any constitutional effects of the iodide were manifested, the remedy was withheld until their disappearance, and then continued. I had the pleasure of seeing these seven cases recover entirely without any bad sequela save some emaciation, which no doubt was owing to the active action of the absorbents from the use of iodine; this latter result soon changed for the better, when the patient was allowed full diet. In all cases where there was any disposition to plethora, I was very careful in the use of the iodine—prefacing its use by cupping and leeching, warm foot baths, low diet.

In gonorrhœal rheumatism I have met with excellent success with the following simple treatment.

R. Magn. Sulp. ℥j., aquæ one pint.—Take a tea spoonful twice a day, morning and evening—allow the patient free use of gum water, with morphia at night.

I noticed several articles in your journal on the use of Ext. Belladona as an antigalactic. I have made use of this extract in a number of cases, and especially in primiparæ, according to the following—R. Ext Bellad. ʒij. Iodii. Potassæ ℈i, dissolve in alcohol; Spt. Camphor, ʒi. Glycerine ℥ii. Mixt. S. put to the breasts morning and evening. I have never known the above receipt to fail. I have prescribed it in a number of interesting cases and with success. In the space of twenty-four hours evident relief was obtained—and at the expiration of one week all troublesome symptoms had entirely disappeared.

Who is a true Surgeon?—"It is not the number of cases which a surgeon has seen, but it is his ready application of them, which renders his knowledge of practical utility, and constitutes an efficient surgeon."—*Sir Astley Cooper.*

The Lunatic Department of Guy's Hospital, London, has been abandoned, and the wards are to be devoted to the special purpose of clinical instruction.

Carbuncular Inflammation of the Lip.

By J. J. H Love, M. D.,
Of West Bloomfield, N. J.

Below will be found the record of three cases of a disease which, when I first encountered it, I scarcely knew what to call. Upon examining the records of medical science, I also found almost as many different names for the disease as cases. In the April No. of the *American Journal of Medical Science*, Dr. Lente proposes a name which suits my ideas better than any I have seen as yet, and which I shall adopt until I learn or see something better.

Partaking of the nature of anthrax and malignant pustule in many points, yet differing from them in several essential particulars, the disease is liable to be confounded with both.

Case 1. Chas. B. (aged 44, a healthy Englishman, scarcely ever having had a day's sickness—rather a high liver) noticed on Saturday, July 31, 1858, a slight pimple on his upper lip, beneath the left alae of nose. It was attended with some pain and slight tumefaction.

Sunday, August 1. He did not feel very well, but still rode around the county some four or six miles.

Monday, August 2. Lip swelled considerably. He picked the scab off the pimple, thinking he could squeeze some matter out, but failed. Pain quite severe in the part; said he felt "bilious," but went to New York and attended to business all day.

Tuesday, August 3. Took dose of cathartic pills, which operated very freely; but feeling no better in the evening, sent for me.

On examination, found the lip twice its natural size, indurated as far as the corner of the mouth, left side, with several erysipalatous looking pimples on it, besides the original one, which now was covered with a scab the size of a three-cent piece. There was tumefaction up to the eye on that side. Right side of lip not swelled much; right side of face none; pulse 90; skin hot and dry; tongue furred with whitish coat.

Gave solution of tart. antim., with spirits nit. dulc., applied to the part; a lotion of acet. plumb et opii to be kept on constantly.

Wednesday, August 4. Lip same size as yesterday; tumefaction left the side of the face some; the hard feeling on pressure, which has been confined to the lip, has extended an inch downwards and outwards along the inferior maxillary bone. Pulse 94; tongue same as yesterday; skin moist; slight perspiration; sat up for an hour. Treatment of yesterday continued, with the addition of 10 grs. sub. mur. hydr., and 10 grs. jalap.

Thursday, August 5, 9 o'clock A. M. Lip twice the size of yesterday; dark purple hue; spots of matter here and there upon it, size of grain of wheat; pulse 100; skin hot and dry; tongue brownish. Made a deep incision two inches long in middle of lip, and one about one and a half inch long through edge of lip. About one ounce of grumous blood escaped; no matter. Patient made no complaint whilst the incisions were being made; the parts cut tough, and gaped open as soon as incised. Applied yeast poultices to the lip, and gave solution nit. potass. every two hours; cal. and opium every four hours.

Four o'clock, P. M. Patient converses with difficulty, on account of the swelling about the jaws. All feels hard; nothing like suppuration; pulse 98; skin dry; treatment of morning continued.

Friday, August 6, 1 o'clock A. M. Patient delirious; pulse 120—wiry; fever high; could with difficulty be kept in bed; slept from 4 to 5½; picked the bed-clothes. Treatment—cold applications to head; blister back of the neck; sub. mur. hydr. et opium every two hours.

Eight o'clock, A. M. In a collapsed stage; pulse 84; weak; skin cool. Gave brandy and water, under which he rallied somewhat; lays quiet; tries hard to talk, but cannot articulate any thing distinctly. The induration has extended along downwards and backwards from lower jaw. On making free incisions on the inside of the mouth, as far down as we could reach, nothing but a little blood exuded. Lip is nearly black; whole of the tissues through which the disease has spread, appa-

rently dead; tongue dark brown. Brandy, beef tea, and ammonia, given alternately during the day; patient lay pretty quiet, exerting himself only occasionally to try to talk. Pulse gradually grew weaker, and at 8 o'clock, P. M., ceased; the hardness showing itself as far down as the pomum Adam.

Dr. J. A. Davis, of Bloomfield, and Drs. Leveridge and Forester, of New York, saw the case with me at different periods of its later progress.

Case 2. Sept. 4th, 1858. Charles M., æt 17, came to my office, and exhibiting a dark colored looking pimple on the left half of his upper lip—complained of the pain in it being so intense he could get no rest; lip had swollen within the last six hours to nearly three times its usual size. The pimple felt hard, and the parts all about it were hard and unyielding. Pulse 96—tongue white—skin feverish.

I immediately removed, with the knife, the pimple or pustule—leaving a cavity about the size of a dime—then made free transverse incisions in the lip. Applied yeast poultice. Gave sub. mur. hyd. 10 grs., rhei. pulv. 8 grs., magnesia, in six hours.

Sept., 5th. Patient slept well last night, for first time he says, in three nights. Medicine has operated nicely. Little points of curdy looking matter could be seen on the edges of the incisions. Swelling gone down a little. Pulse 86; skin moist; yeast poultice continued.

Sept. 6th. Much better, lip normal color; matter gone; swelling going. Pulse 82; tongue clearing off. From this point he rapidly improved, and in a few days was at his business, viz: store clerk. Had always been of good, vigorous constitution.

Case 3. April 12, 1859. B. G., æt. 46, applied to me. He presented a dark looking pimple or pustule, on the right lower lip, swelling very much, so that the lip hung down. Pain intense. The latter, and the tumefaction increasing so rapidly as to alarm him. Pulse 90, tongue whitish, &c. The treatment used in this was almost identical with case 2, and the result was equally satisfactory, though a little longer in being accomplished.

This disease is marked by its wonderful rapidity, and complete destruction of the parts it invades. Hence the necessity of prompt diagnosis and prompt treatment.

Judging from what little I have seen of it, free incisions, the knife, and the cautery are the most efficient means, along with which should go stimulants, mercurials and anondynes.

Medical Societies.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY, N. Y.

The semi-annual meeting of this Society was held in Albany on the second Tuesday in June. About twenty members were present. The semi-annual address was a practical and instructive paper by the Vice President, Dr. S. Oakley Vanderpool, on bleeding, in which he rather opposed bleeding in cerebral disorders. On a former occasion Dr. Vanderpool had spoken against bleeding in internal inflammations, taking pneumonia as the type of the diseases in question, and proving that the so-called anti-phlogistic treatment was in many, if not in most cases, entirely unnecessary, and that the disease would come to a more speedy and favorable termination, by aiding those processes which nature herself established for this purpose. On the present occasion, continuing the same general theory, he endeavored to point out the reasons why depletion should be exercised with caution. He alluded to the symptoms of delirium and coma, as being present in entirely different morbid conditions, and rarely idiopathic in their character, and examined how far they were referable to various degrees of congestion in the brain, or of fluid poured out in the sub-arachnoid space. The various forms of delirium and coma were separately considered, and particular attention was directed to epileptic coma or simple apoplexy, where also temporary paralysis may exist. In this form of disease he discards the *heroic* treatment which has so generally been pursued. He accepts the philosophy of Dr. Todd, that the phenomena of epileptic coma depend upon a disturbed state of the nervous force in certain parts of the brain, rather than congestion. Attention was likewise directed to the condition of the blood-vessels, as well as the brain, in cases of coma and paralysis. Finally, bleeding is inadmissible when the patient is comatose and paralyzed, or cold and collapsed; when the heart's action is feeble and intermittent; when there is an anæmic state; when the patient is advanced in age; where there is disease of the arterial system, or where hemorrhage has already taken place. It is moderately admissible where the patient is young and vigorous, the attack recent, the pulse strong and full, or the disease following the suppression of an accustomed discharge. It is now to be borne in mind that the object is not to draw blood from the brain, but to lessen the force with which the heart propels the blood through the large arteries to that organ. W.

EDITORIAL DEPARTMENT.

Periscope.

Death from Trichina Spiralis.—On January 12, 1860, a robust maid-servant, aged 24, was admitted into the Dresden Hospital. She had been indisposed since Christmas, and confined to bed since New Year's day; complaining of depression, lassitude, sleeplessness, loss of appetite, heat and thirst. These symptoms persisted on her admission; there was considerable pyrexia; the abdomen painful and tympanitic; and although neither splenic tumour nor roseola were present, the case was put down as one of typhoid fever. A remarkable affection of the whole muscular system now rapidly supervened, consisting in extreme painfulness of the extremities, with contractions of knee and elbow-joints, and œdematous swelling, particularly of the legs. The pain was so severe that the patient was continually moaning. Pneumonic symptoms supervened, and death took place on the 27th inst. preceded for twenty-four hours by an apathetic condition. The post-mortem examination showed in the internal organs merely an atelectatic condition of the left lung, with numerous small lobular infiltrations, bronchitis and hyperæmia of the mucuous lining of the ilium. The muscles, however, which showed a greyish-red color and a slightly-freckled appearance, were found on microscopic examination to harbor vast numbers of non-capsulated trichinæ. The parasites were living, some coiled in spirals, others with extended bodies; and all (as Professor Virchow was the first to show, in a fragment of muscle which was forwarded to him for examination) living within the sarcolemma of the primitive fibrils. They showed various stages of developement; they were diffused over all the striated muscles of the body, with exception of the heart, and that in such vast numbers, that under a small magnifying power, as many as twenty were in the field of vision simultaneously. The muscular substance was otherwise fragile, homogenous, non-striated, and showed numerous transverse fissures. The intestinal mucus was found to be swarming with mature trichnæ of both sexes; and the remarkable fact was elucidated, that female trichnæ are viviparous: the central portion of the bodies being observed to be full of well-developed embryos.

Inquiry being directed to the probable source of the trichinatous infection, it was ascertained that on December 21, four days before the patient was taken ill, two pigs and an ox had been slaughtered in the establishment of her master. Some smoked ham and sausage, prepared from the meat of one of the pigs, were fortunately obtained, and on examination proved to be full of trichinæ. The parasites had a shrunken appearance; otherwise unchanged: reassumed a normal appearance on addition of water, but showed no signs of vitality. It is particularly worthy of remark that to the naked eye the ham appeared perfectly healthy. It is very likely that the deceased had partaken of some of the raw meat. The butcher of the establishment (butchers notoriously indulge in raw meat) had also been taken seriously ill a short time afterwards, and was confined to his bed for three weeks with severe muscular pains, his whole body being semi-paralytic, &c. This complaint was ascribed to rheumatism at the time, but Professor Zenker correctly surmises that an immigration of trichinæ, not sufficiently extensive to prove fatal, may have been the cause of the attack; and that capsulated trichinæ would very likely be discoverable in his muscle.—*Med. Times.*

The value of Sulphate of Cinchonine in the treatment of Intermittent Fevers.—At the meeting of the Paris Academy of Medicine, March 27th, Mons. Bouchardat and Grisolle reported very favorably on a memoir submitted to the Academy by Dr. E. Moutard Martin. The author has investigated the subject with great zeal, and the results obtained are as follows:

The remedy was resorted to in 23 patients. In 12 of these the fever was of the quotidian type, and 6 were cured; 2 were not relieved, but in the other four, slight, but not decided amelioration took place. Of 10 patients, presenting the tertian type, 6 were cured more or less rapidly; 2 were only ameliorated, and in 2 the remedy had no effect whatever. One case of quaternary fever was cured.

Excluding 4 of the 23 cases, which were already speedily recovering when the remedy was administered, there remain 19 cases, from which the author draws his deductions. Of these, 13 were entirely cured, 2 relieved, and 4 entirely unsuccessful. In 14 cases, the fever ceased twice, immediately after the first dose of the sulphate of cinchonine; six times after the return of but one feeble paroxysm; twice after the second paroxysm; three times

after the fourth, and once after the sixth paroxysm.

Regarding the physiological effects of the sulphate of cinchona, out of the twenty-three patients to whom it was given, twelve experienced, temporarily, various unpleasant effects: a headache about the frontal and temporal region; sensation of constriction, sometimes intolerable, about the whole anterior region of the head; feebleness, threatening syncope; palor of the face. Some of the patients had considerable pain in the stomach, nausea and vomiting; this, however, is rare, occurring in but two of the twenty-three patients. Once vertigo and pain in the limbs supervened. These physiological effects ordinarily begin shortly after the remedy has been taken, say a quarter or half an hour afterwards, and last half to three quarters of an hour.

The author concludes with the following deductions: 1. Sulphate of Cinchonine, administered in intermittent fever, has an incontestable but variable effect. 2. Sometimes its action is rapid, and it cuts short the attack like sulphate of quinine; at other times it is slow, no matter how large the dose, and the paroxysms yield but gradually. 3. The dose of sulplate of cinchonine should always be at least one-third larger than one of sulphate of quinine, under the same circumstances. 4. To obtain a curative effect with sulphate of cinchonine, the dose must vary according to the age, sex, etc, of the individual, from 0.60 to one gramme. 5. In this dose it often produces some physiological effects, which it would not be prudent to overlook. 6. The therapeutical action of sulphate of cinchonine is not in proportion to its physiological action, for it effects a cure sometimes, without the occurrence of the latter; in other cases, where the physiological action is energetic, the therapeutic effects are entirely absent. 7. Sulphate of cinchonine cannot replace the sulphate of quinine in the treatment of severe cases of intermittent fever. 8. Sulphate of cinchonine may become a valuable adjuvant to sulphate of quinine, completing successfully a treatment commenced with quinine. This procedure combines certainty of treatment with economy.

Entrance of Air into the Blood Vessels.—In one of the admirable lectures on the Physiology of the Circulation, by *Prof. John C. Dalton, Jr.*, published in the *American Medical Monthly*, (June No.) we find some highly valuable and interesting remarks and observations on this subject. After dwelling upon the entrance of air into the veins, during surgical operations, especially about the neck and chest, and alluding to the cases that occurred in the the practice of Dupuytren, Delpech, Castaro, Roux, Bouley, Warren, Mott and others. Prof. Dalton speaks of the introduction of air into the vessels by the veins of the uterus after parturition. In his opinion the cases, reported by Amussat, Milne Edwards, Cormack, Meigs, Lever and Simpson, are exceedingly doubtful, because, although air was found in the veins of the uterus and abdomen, in none of them was the "*frothy mixture of blood and air found in the right cavities of the heart, which can alone show conclusively that the introduction of the air took place during life.*" The only well authenticated case on record, according to Dr. Dalton's opinion, in which the entrance of air into the circulatory system, through the uterine veins, was positively established by a post mortem examination, is that published by *Dr. Swinburne*, of Albany in the *Medical and Surgical Reporter*, April 23d, 1859.

Mammary Inflammation and Mammary Abscess.—Dr. McClintock, the eminent obstetrician, of Dublin, presented before a recent meeting of the Surgical Society of Ireland, some practical remarks on this important subject, deduced from his long obstetric experience in connection with the Dublin Lying-in Hospital, which are reported in the *Dublin Medical Press.*

He has noticed the great preponderance of mammary abscess on the left side, and that other puerperal lesions evince a similar partiality for the same side of the body. He queries as to whether the position on the left side during labor and delivery have anything to do with it, and remarks, that in the practice of Velpeau, at Paris, where all women are confined on the back, abscess occurred with equal frequency in right and left breasts.

A large proportion of fifty-four cases of mammary abscess, observed by him, had some form of sore nipple previously to the occurrence of inflammation of the gland. The great danger to be apprehended from sore nipples is, he thinks, mammary abscess, and that this may be considered imminent when the base of the nipple is very hard and tender; the best means of preventing the extension of this inflammation to the substance of the gland are poultices and perfect rest.

Dr. McClintock has rarely known inflammation and abscess to result from distension of the breast alone, and where there was no irritation of the nipple nor abscess of the breast before, and has not seen mammary abscess occur in a woman whose child was born dead, or supervening on the death of a nursling where no other exciting cause of inflammation was present. Yet in both these conditions the gland is unavoidably subjected to considerable distension. Upon this point Velpeau remarks: "Attentive consideration of the facts shows in the most unquestionable manner, that women who nurse are more frequently affected with abscess than those who do not."

Dr. McClintock deprecates the usual forcible attempts to "draw the breast" on the first appearance of an inflamed mammary gland, particularly so when the nipple is inflamed, but has no objection to rubbing or suction of the breasts to relieve or prevent over distension, provided the nipple be not sore. If this be the case there is more danger of inflammation extending from the sore nipple, than originating in the distended gland. He remarks, that before ordering a breast to be rubbed, it is of the greatest importance to distinguish the simple hardness of lacteal distension from the hardness of incipient inflammation.

The application of the extract of belladonna to the breast, which is now generally resorted to in this country, Dr. McClintock considers "inefficient in promoting the absorption of the milk." Its efficiency seemed to him but little superior to the common cere cloth, which was tested by the application of extract of belladonna to one breast, and the ordinary cere cloth to the other, in a considerable number of cases in which both breasts were affected. This experience differs from that of very many practitioners among us who rely exclusively on the prophylactic properties of belladonna in incipient mammary abscess. Among the first to practically illustrate the antigalactic properties of belladonna was Dr. R. Q. Shelmerdine, of this city, who has used it with certain success during fifteen years extensive obstetric practice.

Dr. McClintock's object, "promoting the absorption of the milk," has not, we believe, been claimed for belladonna. It is used to prevent mammary secretion, to relax the tense condition of the lactiferous tubes, and relieve pain; and acts, in accomplishing this, simply as a powerful local narcotic.

The resolvative treatment of mammary abscess he has found unsatisfactory even when undertaken at the very onset of the attack. The internal treatment preferred consists of purgatives, and antimony in nauseating doses. For local treatment he prefers cold lotions to the breast, and seems to have a peculiar reliance on a solution of muriate of ammonia thus used.

With regard to the proper time for opening mammary abscesses, Dr. McClintock prefers the *late puncture*, and thinks that the size of an abscess is not ordinarily increased by delay in evacuating, except where the collection is sub-mammary, when burrowing of matter is apt to occur, and an early incision is expedient.

Compression of the breast, by strapping, he does not employ until the pus has found an exit.

No mention is made by the author of the compressed-sponge treatment of mammary abscess, successfully used in this country, and first introduced by Dr. Foster, we believe, of New York.

The Co-existence of Purpupa Hæmorrhagica and general acute Tuberculization, to which attention was first called by Rokistansky and Waller, has since been noticed by other physicians. M. Charcot in studying the relations which may exist between the two diseases, has endeavored to establish, that their concurrence is not merely incidental, but that the purpura is the symptom of a profound alteration of the blood, which itself is but the result of tuberculization.

M. Leudet has observed a certain number of facts, which tend to substantiate this view. In 244 cases of phthisis pulmonalis, he found 9 cases in which hæmorrhages manifested themselves in some other way than the lungs; five times the hæmorrhage took place through the intestines, twice in the muscles of the abdominal walls, twice in the skin, three times in the brain, once through the nose, once through the urin. Most frequently the hæmorrhage took place simultaneously from various organs; it was sometimes sufficiently abundant to compromise the life of the patients, and in all cases the primary affection caused a fatal termination soon after the occurrence of the hæmorrhages.

These hæmorhages, however, occur generally at a somewhat advanced stage of phthisis in the acute form, or in those acute paroxysms of chronic cases. This rule, however, is not absolute, for they are observed, but much more rarely, in the chronic form. They cannot be regarded as a consequence of severe or often recurring hemoptysis; nor can they be looked

upon as the result of tubercular ulceration, for in the majority of cases in which they have been observed in the intestines, the latter had undergone no change of this kind whatsoever. A true hæmorrhagic diathesis, must hence be admitted, resulting from the tuberculosis.

M. Leudet ranks under the same category the cases of hæmorrhage which have been observed in chronic pleurisy, cancer of the anterior mediastinum, diseases of the liver, kidney, etc. (*Gaz. Med. de Paris—Gaz. Hebdomadaire.*)

The following is Professor Way's calculation of the quantity of dry solid matter in the daily excreta of 2,500,000 people :—

"The fæcal discharge of a quarter of a pound per day for each individual is - - - - - 277 tons.
Deduct moisture, 75 per cent. - - 208 "

Dry solid matter from the solid manure of 2,500,000 people, - - 69 tons.

The urine of 2,500,000 people, at 3 pints or 3 lbs. per day each, will be 3,348 tons of fluid daily; but as this urine contains 3 per cent of dry solid matter, you will no doubt be surprised when I tell you, that this liquid excreta contains 104 tons of dry solid matter, or 50 per cent more than is contained in the so-called solid fæcal excreta. These excretal matters are mixed in the closets and sewers with about 214,000 tons of water, the remains (after evaporation, etc.) of the daily supply of 80,000,000 gallons to the population. The rain-fall would be a large addition to this.—*Med. Times.*

Reviews and Book Notices.

A Medical Treatise on Malpractice and Medical Evidence, comprising the Elements of Medical Jurisprudence, by JOHN J. ELWELL, M. D., *Member of the Cleveland Bar.*

This work which has recently appeared has been on hand some time, and but for an unaccountable oversight, would have long since been noticed. Certainly we have received none which, considering the subject on which it treats, or the merits of the work itself, entitled to an earlier or more prominent recommendation. The author, possessing both a medical and legal education, is eminently qualified for the production of such a volume. The assumption of the medical doctorate is one of no ordinary responsibility. Besides, the high moral obligation to manage cases of sickness or accident in a skillful and faithful manner, it must not be forgotten that for either direliction or incompetency, medical men are liable at civil law.

Cases again are constantly presenting themselves of a criminal character, which can only be decided correctly and safely by medical testimony. How exceedingly important then for the physician to know what is the nature and extent of his civil responsibilities, and by a collection of decisions to ascertain the judgments of courts in cases which have been tested by such process.

What an amount of mortification and embarrassment would be saved to medical men if properly acquainted with all questions involved in medical evidence! The works which have heretofore been written upon this subject, as Chitty or Beck, are, to be sure very learned and valuable, but they form a field so vast, and with an amount of detail and unimportant narrative, that few have either the time or the inclination to explore them. The work before us of Dr. Elwell exactly fills a felt want of the profession in which everything not essential to the subjects under discussion, is omitted. The first part of the work opens with an exhibition of the broad principles of law, which bear upon the responsibilities of medical men, as acknowledged by the courts of both England and this country, what the public may legitimately expect from the physician; then a consideration of amputations, fractures and dislocations, the very subjects out of which most cases of suits for damages grow; concluding with a table of Dr. Frank H. Hamilton's paper, on deformities after fractures; the liabilities of druggists with many illustrating cases; and finally, criminal malpractice, embracing the subject of abortion.

The *second part* enters into the examination of all points embraced under the head of Medical Evidence, a subject of the utmost moment, when it is remembered that upon this hangs often the great issues of reputation, life and death, the whole concluding with a chapter on coroners and their inquests. The work of Dr. Elwell we regard as one which should be in possession of every practitioner of medicine.

Proceedings of the Sixty-eighth Annual Convention of the Connecticut Medical Society. Held at Hartford, May 23d and 24th, 1860.

The first paper of these proceedings is an address on "Medical Ethics" by the President of the Society, Dr. Ashbel Woodward. It contains excellent remarks in reference to the necessity of a strict enforcement of the Code of Ethics.

The second paper, on Hygiene, is by A. B. Haile, M. D., of Norwich. Dr. H. thus refers to the subject of sprinkling the streets, as practiced in our cities during the summer months:

"The dust of our city and village streets consists, we all know, of a large proportion of animal and vegetable matters, in a comminuted state, mixed with the earthy particles. While in a dry condition, very little decomposition takes place; but when moistened, chemical action, under the influence of the sun's heat, immediately ensues, and large quantities of deleterious gases are evolved, which poison the air, not only of the streets but of our private dwellings."

A short Sanitary Report of Hartford city and county, by Dr. L. G. Wilcox, Hartford, follows next.

Biographical Sketches of the following deceased members conclude the report;

Horatio Dow, M. D. of Ellington, by J. B. Lewis, M. D; Dr. James Morgan, of New London, by L. S. Paddock, M. D.; Joseph F. Jewett, M. D., of Granby, by J. D. Wilcox, M. D.; Benjamin Rogers, M. D., of Hartford, by Thomas Miner, M. D.; Sturges Bulkley, M. D., of Waterbury; Ambrose Ives, M. D., of Waterbury, by P. G. Rockwell, M. D.

Colored Plate of the Anatomy of the fifth pair of Nerves and the Microscopical Anatomy of the Teeth. By H. A. Daniels, M. D., Philadelphia: Published by Jones & White, No. 528 Arch street.

The varied functions and remarkable sympathetic connections of the fifth pair of nerves make its study of great importance. It has a remarkable control or influence over those regions which are the peculiar domain of the oculist, aurist and dentist, and to such practitioners a knowledge of its anatomical position and connections is essential. Without this knowledge, many interesting phenomena, of frequent occurrence would be incomprehensible.

For the benefit of the above classes of specialists this plate is especially intended. It is the work of an excellent anatomist and artist of this city, and its correctness may be relied on.

The anatomical relations of the fifth pair with the contiguous important structures are well shown on the plate, which is life-size and handsomely colored.

Accompanying the plate is a pamphlet presenting concisely and intelligibly an account of the anatomy of the fifth pair, and also full explanations and references to the plate.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JUNE 30, 1860.

REFORMS IN MEDICAL EDUCATION.

The subject of medical education has again been brought prominently before the medical profession of the United States. The American Medical Association, at its last session, passed a series of resolutions, of far more importance than any adopted at previous meetings. Of more importance, we say, because they are of a practical tendency, embodying certain measures, which are not only to be *recommended*, but to be *carried out;* and if we can judge from the earnestness with which these resolutions and measures are advocated by the almost unanimous voice of the profession, it can no longer be doubted that we are rapidly approaching what the best men of the profession have long striven for—a reform in medical education.

Whatever the causes may be, the fact cannot be denied, that our system of medical education has not kept pace with the progress of science. Some are inclined to lay the blame on the schools. We think, however, that the great cause of the looseness in our medical education complained of, is to be sought for, less in the faults of the system, and the unwillingness of the schools, than in the general circumstances, which have surrounded our national development. We have, in the course of half a century, grown from a weak people to a mighty nation. Under this growth, the rapidity of which is almost unprecedented in the history of mankind, the *material* interests

were, and had to be, first provided for. The high-pressure development of our nation could not take place, without leaving its indelible impress upon all our social, moral and political relations, and even upon science. The human avalanches that followed the guiding star of the Western empire, uprooting forests, and building up cities, could not people this country, without influencing all that belongs to us as a nation. We mean to say, and we assert, that medical education, like medicine itself, has been influenced by the circumstances accompanying this peculiarly rapid development, and when we to day see American science, though grown up to womanly vigor, walk awkwardly in her child's clothes, it is to us but the surest sign that these will soon be cast off, and she will appear in a new and more comely, at least, if not a gorgeous dress.

Even at the risk of startling some of our readers, we assert that the study of medicine is to no small extent regulated by the law of demand and supply. Where there is a large demand there must be a large supply. With a population increasing so fast, that in twenty years it is nearly doubled, there is a demand for men and means to cure human ills, which must and will be supplied. If it cannot be supplied by graduates of the most excellent preparatory, collegiate and literary education, it will be by those, who, though having had less early advantages, still have received a solid medical education; or to go still further, by such as have had even but a very limited medical education. Finally, the innumerable host of quacks, tapering off with the itinerant vender of pills, though evils, parodoxically as it may sound, are but the tokens of a numerically grand and rapid national development; the greater an army, and the more rapid its march, the more numerous the bands of marauders, and the greater the plunder.

If, then, we find evils in our present system of medical education, we would blame neither the schools, nor the teachers, nor the students, nor the system itself. Nor would we make the profession, as a whole, responsible for what has been the unavoidable result of the great struggle for material existence of this nation. Nor would we lament and despair, as some are doing who, having taken a retrospective view of matters and things all their life, have lost the power of looking forward with hope and faith.

MUNICIPAL LIBERALITY—CORONER'S INQUESTS.

It may be that our reading does not extend far enough, but we certainly have seldom, if ever, seen anything more decidedly Pickwickian than the position in which the Board of Freeholders of the county of Essex, State of New Jersey, have placed themselves and the coroners of the county aforesaid, by refusing a just and adequate remuneration for services rendered by physicians to the State in coroners' examinations.

The facts in the case are stated in the *Daily Mercury* of June 22d, as follows:

"*Body of an Unknown Man found Drowned*.—The body of an unknown man was found drowned in the canal, near Ripley's saw mill, about one o'clock yesterday afternoon. He had on two coats—the outer one a drab sack, the other a black frock—drab pants, and a white muslin shirt with narrow pink stripes. He is about five feet eight inches in height. and is apparently a native of England. Coroner Benjamin was called and took charge of the body. A coroner's jury was summoned, but the following papers will explain the ensuing proceedings:

CHARLES W. BENJAMIN, Coroner;

DEAR SIR:—You have requested me to ascertain, by post-mortem examination, the cause of death of a man now lying dead in Tolles' barn, in Wilbur's alley, in this city. I have been at the barn, and removed the lid from a coffin lying there. Within the coffin is a corpse in an advanced stage of decomposition, bloated with gas and water. There are some signs of drowning and some marks of violence.

There is in this case an important *medico-legal* investigation to be made, one which may involve the charge of murder. The investigation should be as carefully made as the responsibility demands. The examination external of the body, of the skin, the removal of the clothes, and the internal examination of the viscera, of the brain, thorax and abdomen in a body, putrid and disgusting, would require many hours of severe labor.

So heavy is the body, that to lift it and perform the service in any proper manner, would require the labor of two or more persons.

The Board of Freeholders, by their recent action

in requiring the work of all post-mortems to be made for the fee of five dollars, have virtually limited the authority of the coroner to employ but one person. In this dilemma I have asked the co-operation and assistance of Dr. G. Grant, and it is in conjunction with him that I decline the service altogether.

Most respectfully yours,

J. A. CROSS, M. D.

—

MR. EDITOR:—Deeming it to be my duty in this case to call to my assistance medical aid, I called on the above physician, and after his refusing, I also called upon five others, who are all well informed in post-mortems, and all of them refused making said post-mortem, on the same grounds as did the first. The jury were unable, in rendering their verdict, to give any cause of death, therefore the coroner is unable to give any cause of death in the certificate of burial.

Yours, respectfully,

C. W. BENJAMIN, Coroner.

—

The jury returned the following verdict:

'We, the undersigned jurors, summoned this 21st day of June, 1860, to investigate the death of an unknown man found floating in the Morris Canal, do present that we have, as far as possible, investigated the circumstances and causes of his death, and also state that the coroner, in the discharge of his duty, summoned a physician to make a post-mortem examination of the body, to ascertain the cause of death, there being wounds upon the head, and Dr. Cross having appeared before us and stated that, owing to the action of the Board of Freeholders of this county in refusing to pay the physicians performing such services an adequate compensation, the said physician refused to make such examination, therefore we, the said jurors, do present that we are unable to ascertain when, where, and after what manner of means the said unknown man came to his death. In witness whereof, as well the said coroner as the said jurors aforesaid, have to this inquisition set their hands and seals, at the place first above mentioned, and the day and year aforesaid.'"

It is unnecessary to make any comment upon the position taken by Drs. Cross and Grant, as well as the other physicians on whom the coroner called in his dilemma. They were right in declining to make the post-mortem examination. For services performed to the State by physicians, they should receive something beyond a poor-house fee; especially in cases where the responsibility is one of such magnitude as in cases of medical jurisprudence, involving homicide or murder.

This case, however, presents another important question. Should a Board of Freeholders be allowed, by stingily interfering with the pay of physicians, to defeat the ends of the law, let crime go undiscovered, and murder unpunished? We do not believe that the statute book, in providing for the establishment of Boards of Freeholders, intended that they should have any such power.

The matter will, undoubtedly, not end with this instance. We hear that the physicians of Newark are determined to refuse to make a post-mortem examination until they are allowed to charge a reasonable price for services often extremely disgusting and unpleasant; and we have no doubt that, with a little unanimity of action and determination of purpose, they will soon force the Board of Freeholders from their self-assumed and arrogant position.

Sea-side resorts, for healthful recreation and for remedial bathing in the sea, are of very ancient origin. From a very early period to the present time, a custom of frequenting such places has uninterruptedly prevailed, and a practice which has through so long a period retained general confidence and popular favor, must be the result of something more than mere conventialism.

Such was the custom of the ancient Greeks, which has been continued among modern nations, and the present state of refinement and hygienic enlightenment has tended to increase confidence in, and popularize the practice.

All European nations whose domains border on the sea have favorite locations on their beaches, to which they annually migrate, for the purposes of recreation or the restoration of health. These resorts are increasing in popularity, and are attracting many from the formerly more popular inland watering places, as the spas of Germany, or the cool retreats among the Swiss Alps. Old established places for sea-bathing, as Brighton and Margate, on the English coast, and Dieppe, on the French, receive, from early summer until late in the fall, an enormous afflux of visitors.

On this side of the Atlantic, where the coast presents equal or greater attractions and natural advantages for sea-side summer residence and bathing, such resorts are increasing in favor. The increasing appreciation of seashore recreating in this country is well indicated by the remarkable popularity which at once attended the making accessible of a desirable location on the surf-washed beaches of our neighboring State. The sloping shores of New Jersey, with their dashing surf and hard packed sandy floor, present the most favorable conditions and the greatest facilities for seabathing.

One of the most delightful island beaches on the New Jersey coast has become a beautiful resort, which, as a watering place, presents greater attractions and more healthful advantages than any other on our coast. Atlantic City has arisen on a strand which, but a few years ago, was a solitude familiar only to the wrecker, and where the monotony of sand was only relieved by ghastly fragments of wrecks, and a few stunted trees, which seemed to keep near to the ground, lest the ocean winds should blow them away.

Among the many advantages of this favored locality for invalids—beside its unequalled accessibility and accommodations—may be mentioned the protracted duration of the bathing season, commencing on the first of June and continuing until the first of November, during which long period the temperature of the water varies but little, and bathing is continued later in the season than elsewhere in this country.

The dryness of the atmosphere at Atlantic City is remarkable, and the place is entirely exempt from sea-fogs, which produce much inconvenience at other resorts on the coast. This peculiarity adapts it as a residence for many who, suffering from bronchial irritation, have found the usual hygrometric state of the sea air intolerable.

The bathing shore has no superior in the dash of its surf, gradual declivity, and freedom from under currents and all other causes of danger.

Diversions and exercises essential to a valetudinary sojourn can be selected, suited to every taste or endurance; and there are facilities for invalids being carried, at bathing hours, from their quarters, without the least fatigue.

The accommodations for visitors have been greatly increased in anticipation of the present season, and it is said that seven thousand persons can now be conveniently entertained.

We have said this much of this favored place for the information of practitioners, whose opinion is generally consulted, and whose appreciation of watering places frequently determines their selection by health or pleasure seekers.

Correspondence.

To the Editors of the
Medical and Surgical Reporter.

I wonder, Messrs. Editors, why no one has yet written an essay on "Medical Ephemeralism." The coinage of this new word is, I think, justified in view of the astounding number of discoveries that are daily springing up and dying so fast, that hardly a decent burial can be accorded them. To keep up a necrological record of the "dead" in medical ephemeralism, would undoubtedly be an interesting task for your assistant editor; but I suppose he is too busy on "live subjects" to undertake it. If you allow me, I shall occasionally write you a letter on the subject.

Some fifteen years ago or more, an English physician noticed that persons, squinting for a certain length of time at a bright object, would become "transfixed," as some would say, or temporarily unconscious, and would be brought into a sort of cataleptic condition. The observation was made, duly recorded, and for a while entombed. A year ago, however, an acute Frenchman, either taking the hint from the Englishman, or *generationis spontaneæ causâ*, took a piece of brass, polished it brightly, held it before the eyes of some hysterical women, who forthwith became transfixed, and the astounding phenomenon having been baptized "hpynotism," it was duly reported to, and registered in the proceedings of, that most august and learned body, l'Academie Imperiale de Medicine de France.

Hypnotism it was! No more chloroform—no more ether. Every doctor who carried a shiny silver dollar in his inguinal pouch, could at once hypnotize his patient in the "squinting of an eye." Hypnotism filled the correspondences of our European gossipers, after Villafranca and the great congress were exhausted. The ephemeral fever of the hypnotic type was taken up by the medical

press of this country. That mysterious individual, "the translator from foreign journals," sweated huge drops over the files of foreign exchanges that came laden with wonderful hypnotic phenomena, doings and sayings. But, after all, hypnotism was (I use the imperfect deliberately) a most complete failure. It belonged, alas! to the great class of phenomena, which I propose to classify under the generic term, "Medical Ephemeralism."

The *hypophosphites* have had their day. After the most astonishing effects, which were at first claimed for them, have passed away, they are gradually settling down into a more modest sphere of usefulness. The radical operations for hernia were also to some extent imbued with ephemeralism.

There is just now another innovation, which I fear will prove the same, at least to a great extent, I mean subcutaneous injections. It is to be feared that running the trochart under the skin, will be run into the ground.

Another grand ephemeralism was syphilization. Once I feared that the time would come, when as a matter of public hygiene, every man, woman and child would have to submit to inoculation (like vaccination) of the syphilitic virus, until all became fire-proof. But these fears are at last dissipated. It was but a French ephemeralism, a fraction of the thousand and one gaudy tinsels, which the trucksters in science sell to the passing crowd, and which are less substantial and more ephemeral than Nüremberg toys.

Yours, truly,

MEDICUS, JR.

Items and Miscellany.

The Great Tornado. — A correspondent writes to the Chicago *Press and Tribune*, from Sterling, Ill., as follows:

We returned yesterday from the late city of Camanche. While there the sight that met the eye was perfectly horrible to look upon, and no pen is adequate to the task of conveying the most faint idea of the disastrous effects of the tornado as it passed over that place.

Horses and cattle are lying in every direction, killed from the effects of the storm. The buildings look as though they had all been torn in small fragments, scattered over the whole country, and feathers from bedclothes strewn upon the ground, and then all had been overswept with rushing waters.

We went into one building where were fifteen bodies, some mangled in the most frightful manner, and only wrapped up in a sheet, and put into a rough box, ready for burial.

Dr. Howell, of Fulton, informed us, that from Sunday evening to Monday noon he had visited ninety-one wounded, and set twenty-three broken limbs.

We saw twenty-eight dead bodies, and there were eighty-two that require strict medical attendance, and as many more that are more or less hurt, yet are able to be around. In addition to this number, twenty-eight were swept from a raft in the river that was passing at the time, and ten are yet missing from the town that are supposed to be buried in the ruins, or are blown into the river and drowned.

With the exception of half a dozen houses on the north side of the town, every single building is either torn down, unroofed, or otherwise damaged.

A worse sight no human eye ever beheld, and the heart grows sick in seeing such a destruction of life and property. The town is entirely ruined, and we do not see how it can ever be rebuilt. There are whole blocks of lots that are vacant entirely, with nothing but a cellar to indicate that a house ever stood there.

We saw a part of a wagon, consisting of the forward axletree and one hub, and no more of it could be found.

Out of the contents of three dry-goods stores, not one cent's worth of the goods has ever been found.

The tornado struck the town a little past 7 o'clock, and in less than ten minutes the whole was in ruins. After it had passed, the town was all afloat with water; all that could, began to run from place to place screaming at the top of their voices, calling for friends and children. In every pile of rubbish, and from every demolished house, the groans of the dying and wounded were heard; and as the sound came from every part of the town, no one knew where to go first. The darkness occasioned by the black clouds, the air being filled with rubbish of every conceivable character, and the near approach of night, rendered the scene still more appalling; and such a wail, lamentation, sorrow, and woe, never went up from any place in the history of tornadoes as did from this ruined and destroyed city. Nothing could be found to bind up the wounds of the suffering, no medicines were to be got, and the wails of the mother over her dead children, the anguish of a wife over the lifeless remains of a husband, the father over his slaughtered children, hunting

in vain for his wife—all these were scenes that cannot possibly be described.

In one family, all that was left were three little girls, the father and mother and two children having been instantly killed. We saw where a fence board had been forced clear through the side of a house, endwise, and hundreds of shingles had forced themselves clear through the clapboards of a house.

We visited the graveyard, and saw twenty-eight graves, side and side, all dug, waiting to receive the rough boxes containing the remains of the slaughtered people.

The whole atmosphere around the town is sickening, and a stench is pervading the whole path of the storm that is almost impossible to endure.

The loss of property is immense, and can never be known to its full extent.

We have just learned that three of the men on the raft have made their appearance. They state that they were blown from the raft clear on to the Illinois shore beyond Albany, and for a long time were unable to move or stir; but, after recovering from the shock, succeeded in crawling to a house, where they were kindly cared for. They know nothing of the rest of their comrades, not having seen them since they were on the raft together.

In this vicinity, near Sterling, the wounded are dying almost every day; and every farm-house is a hospital for the dying and wounded.

Yesterday a public meeting was called, and relief was subscribed to the sufferers with a liberality unparallelled. They appointed a committee, who are now doing all in their power to aid and relieve the sufferers.

Dr. Hayes' Artic Expedition.—A scene of extra-ordinary interest was presented on Thursday, the 21st inst, at the rooms of the Board of Trade of this city. The occasion was the leave-taking between our townsman, Dr. Hayes, and those gentlemen who have contributed to the funds of his proposed expedition to the Polar Seas. The meeting was a private one, and this fact, although it deprived many of our citizens of an opportunity which they would gladly have embraced, to bid God-speed to the adventurous voyager, seemed, by bringing all the participants into close personal relation, to deepen the sensibilities of each. There were present his honor the Mayor of the City, the presiding officers of our leading scientific associations, and a number of other prominent citizens. The flag of the expedition, a white field bearing a crimson star, was spread upon the table. On motion of Henry C. Carey, Esq., Mayor Henry was invited to preside at the meeting. In a brief but unusually impressive manner, he expressed the profound satisfaction which it gave him to introduce Dr. Hayes to the meeting, and the hearty sympathy which he felt with that gentleman's noble enterprise. He (the Mayor) had been tempted to regret that the outfit of the expedition had not been furnished by the municipal liberality of Philadelphia; but when he witnessed the ready spontaneous response with which the appeal of Dr. Hayes had been met by the enlightened business men of our city, he could not but regard this as a more gratifying evidence of the hold which the expedition and its commander had upon the confidence and good wishes of the community. Philadelphia has already gained honor in the history of Artic exploration, through the efforts of one gallant citizen, now on the roll of our distinguished and lamented dead. The brave man, to whom we are now assembled to offer the hand of parting, will doubtless give new lustre to the record of Philadelphia enterprise. You will join me in wishing him the success which he deserves, and in assuring him that whatever the fortunes of his expedition, he will bear with him our respect and kindest feelings.

Dr. Hayes replied in a manner which will not soon be forgotten by any of his hearers. He trusted that the feeling would be appreciated with which he received this new proof of the interest of the contributors, in the expedition he was about to conduct to the Arctic seas. During the last three years, said he, this expedition has incessantly occupied my thoughts; and now that, through your liberality and public spirit, I feel myself on the eve of realizing the object which has been sought by me with so much anxiety, I am unable to express to you, in a suitable manner, the grateful sentiments which I experience.

The generous kindness of some of our countrymen in Boston and in New York has gone hand-in-hand with yours; and I may be permitted to hope that the success of your joint exertions will add one tie of sympathy to the many which already exist between three noble cities. As a Pennsylvanian and a Philadelphian, I cannot but be peculiarly alive to such a manifestation as you have given to me, of the confidence which is felt here in the usefulness and practicability of my undertaking, and of the willingness of my fellow citizens at home to entrust its fortunes to my care. This is a great trust, my friends. Although I go with

a little schooner and an unimposing company and outfit, only a private citizen in the prosecution of what circumstances appear to have made my duty, yet my voyage lies towards a region which skillful and daring navigators have sought during two centuries, and to which the eyes of men of science throughout the civilized world are turned with eager interest.

Before long, the news of this expedition will be carried wherever men are engaged in studying the physical features of the globe—its tides and its currents of sea and air—its phenomena of magnetism, and heat, and electricity—and the varieties of living beings which have inhabited it from the remotest geological epoch. It is in the presence of this multitude of observers that I assume the responsibilities of a voyage of exploration towards the pole. What to the so-called practical man of business seems to be an idle, or perhaps inhuman hazard of a dozen adventurers, is, in fact, an attempt to execute a service which, if accomplished, will, in the estimation of the wisest of men, be regarded as a prudent as well as useful enterprise. You, gentlemen, with a readiness to promote the increase of knowledge, as honorable to yourselves as it is liberal towards the wants of mankind, have taken a just and a patriotic view of the subject, and I am here now to tender to you my warmest thanks for your friendly confidence, and for your support of my unpretending endeavor.

It is known to you that my residence in the upper part of Baffin's Bay and Smith's Strait, in the years 1853–54–55, gave to me some special advantages of preparation for an attempt at a more northern journey. Upon the observations then made, and upon the experience then acquired of the climate, and the mode of living and of travel proper to that region, I have mainly relied when presenting my plan to public attention. Were the service apparently such as to demand talents or genius, I should naturally shrink from assuming its responsibilities; but I feel assured that no more is required than an honest devotion to the objects of the voyage, a readiness to do the duty of each day with a cheerful and steady mind, and a reasonable conformity with the exigencies of the climate.

Hopeful as I am of success, I do not hide from myself the possibility of disappointment. On land or at sea, and in every variety of pursuit, the results of our efforts can be foreseen by ONE alone. In the untraveled region which is to be penetrated, there must be forms of difficulty not familiar to us, and it would be presumptuous to predict what will happen. In all sincerity, however, I must say to you, that nothing within the range of my reading, or of my personal observation, leads me to believe that my party is to be led into any risks greater than those which have already been encountered without discouraging consequences.

At least two years must elapse before I can again see your faces, and hear the pleasant home-sound of your voices. There are casualties here as well as upon the frozen sea. Shall we all meet again? I shall carry with me a daily cherished remembrance of you, and I am sure that you will, whether in disaster or in success, think kindly of the little company whom your bounty has equipped for their appointed work.

The modest, yet firm and manly demeanor with which this affecting address was delivered, produced a marked effect. The solemn character of the parting, the responsibilities about to be assumed, the risks and privations to be inevitably encountered by the gallant little company who were to try the fortunes of the polar circle, the long period of absence, the uncertainties that clouded the hope of their return, could not fail to excite the sympathies of all. A silence of several minutes followed the close of Dr. HAYES' remarks. The Mayor then renewed, in behalf of the company, the expression of their united hope and prayer, that the commander might return richly laden with honor, and that those now present might be again assembled to give him a welcome home. Dr. HAYES then shook hands with his friends, and the company separated.—*Inquirer.*

The Legislature of Kentucky, at its last session, passed an act establishing an institution for idiots. It is to be located in the immediate neighborhood of Frankfort. Twenty thousand dollars were appropriated to commence buildings for its use.

The institution will go into operation at once in a building temporarily hired for the purpose, in accordance with the provisions of the same enactment.

James Rodman, M. D., of Frankfort, has been appointed superintendent. He is an accomplished gentleman and a well-educated physician, and the friends of the new institution may reasonably anticipate the best results from his management.

Slightly Touched.—A remarkable instance of superstitious credulity, favored by the wisdom of parochial authority, is related by the *Plymouth Journal.* An old man, an inmate of one of the unions of that vicinity, applied to the board of guardians last week for out door relief for a few weeks. The chairman asked him why he wished to leave the house? He said he had the king's evil in one of his legs; that some years since he had been "touched" for it, and the wound soon afterwards healed; that the wound had recently broken out afresh, and that he wished to get touched again. The chairman asked him where he could get touched. He replied, at Devonport; that there were three sisters living in North Corner street, either of whom could effect a cure by her touch—one was the seventh daughter, another the ninth, and the other the eleventh, of the same parents; that he must be slightly touched by either one of the three on the day of the week on which she was born; that both parties must be unwashed and fasting; and that no one must pass between the touched and the toucher until he shall have been touched seven, nine or eleven times, according to which of the sisters was the operator.

We can understand that this is a kind of proceeding peculiarly attractive to the minds of the great unwashed; but, perhaps, that condition is not very agreeable to the three weird sisters—these Pareæ of Devonport. A yet more unpleasant condition probably was, that no money should, on any account, be given for the performance of the ceremony by the person relieved, but relatives or friends might show their gratitude by gifts of money or other matters. It is naively added, that as the law has not provided for applications of this character, the guardians were unable to entertain the question; but a subscription was set on foot by the chairman, to enable the poor man to obtain his object. It is very evident, then, that the chairman was also touched; of course we mean by the pathetic relation of the suffering pauper.—*London Lancet.*

Citrate of Copper Present in the Citric Acid of Commerce.—M. Dumont, pharmaceutical chemist at Bruxelles, reports to the *Journal of Medicine* of that city, that in some specimens of commercial citric acid submitted to him, citrate of copper was found to be present on testing with liquor ammoniæ and ferrocyanuret of potassium.

Curious Receipt for the Palsy.—The following is from an old volume called "The Treasure of Health, or Wonderful Secrets in Medicine:"

"Take young dogs whose eyes are not yet open, and they are only eight days old. Then, put them all alive into an earthen pot, with a quart of white wine, and betony, sage, rosemary, hysops, mint, wild thyme, marjoram, wormwood, camomile and melilot leaves; add to it some very white hog's lard, cover well the pot and put it into a very hot oven, or else consume the whole on the fire, then strain it like a jelly, and make use of it as hot as the patient can bear it. On opening the pot, you must put half a pound of brandy into it."

There are 8,064 languages spoken on our globe; of which 587 in Europe; there are 1,000 different religious sects and denominations; 1 milliard of inhabitants; 333,333,333 deaths per annum, i. e. about 91,334 per day, 3,780 per hour, 60 per minute, 1 each second. The number of each sex is nearly equal. One fourth of men die before the seventh year, and one-half before the seventeenth year. There is one centenarian to every 1,000 persons, one octogenarian to every 500, and six sexagenarians to every 100.

A Good Retort.—A physician was once on the witness-stand, and his opinion differing somewhat from those given by other medical witnesses, a sharp cross-examining lawyer sneeringly asked him, "How is it, sir, that you doctors always disagree? We lawyers are always of the same opinion."

"I cannot explain it," quoth the doctor, "unless adopting the sentiment of Milton:

'Devils with devils damned, in concord they are all;
'MEN only disagree.'"

The cultivation of grapes is rapidly increasing in California; six thousand gallons of wine were produced, during the past season, from a few vineyards in the vicinity of Sonora.

Homœopathy.—Like cures like. Sulphur comes from Vesuvius. Therefore it is good for eruptions.—*Punch.*

Charity Hospital.—Dr. J. L. Ludlow has been elected President of the Medical Board of this Hospital.

A portion of Omentuu removed during life.—This large portion of omentum was removed from a young man, by a surgeon in the country, under the supposition that it was a piece of protruding lung. There had been a drunken night-fight, in which the man had been stabbed with a large clasp-knife, by a man whom he had thrown on the ground, and whom he was standing over and struggling with. The part instantly protruded and he became faint, but was able to walk three miles over a most wild rugged country, climbing over several stone walls. He was not seen by the medical man till three or four hours afterwards, when the protruding portion was dark and discolored from congestion. It was immediately cut off. The next day, Mr. Nunneley having met the surgeon in another case, was told by him that he had cut off a large portion of lung. On examining it, however, Mr. Nunneley found it to be a piece of omentum. A fortnight after the accident, the man walked three miles to see Mr. Nunneley. The wound was then nearly healed, and in less than a month he was at his work as a collier, and again drunk and fighting. He never appeared to be at all ill. The wound was just under the cartillage of the seventh rib. How the stomach and the diaphragm escaped it is difficult to say.—*Med. Times and Gazette.*

The Death-bed of an Anatomist.—Retzius, the great Swedish anatomist, whose death we recently announced, while dying made observations on the progressing dissolution of his own body. His last words to his attendants were: "The struggle of death is hard, but it is of the highest interest to note this wrestle between life and death; now the legs are dead, now the muscles of the bowels cease their functions; the last struggle must be heavy, but for all that it is highly interesting."

Encysted Tumors in the Thyroid Gland cured by Iodine Injections.—Dr. Senftleben reports in the *Med. Central Zeit.* January 18th, 1860, a case of cystic bronchocele, of the size of a child's head, occurring in a young woman 23 years of age. The growth was thrice tapped and injected; the first time with a solution of Iodine and Iodide of Potassium in water, the second and third times with the Tr. of Iodine, with the happy effect of causing the disappearance of the fluctuating swelling.

An Anthropological Society has been established in Paris.

Pericarditis in Birds—At a recent meeting of the London Pathological Society, Dr. Crisp showed several specimens, remarking that he believed the observation of such diseases in the lower animals would be found to throw much light upon human pathology. The disease in question was very common in birds, for which he believed there were obvious physiological reasons. The subjects of the disease exhibited were the Muscovy duck and the black swan. Dr. Crisp described the microscopical appearances seen in the lymph thrown out, and remarked on other particulars observed.

Ages of Pregnant Women.—Dr. Granville, in some extensive statistics presented to the London Obstetrical Society, states that English women arrive at the culminating period of prolificacy at the age of thirty years, and French women at twenty-eight.

Rupture of Varicose Veins in the Vagina during Labor.—The *Berliner Zeitung* records the death of a young woman during labor with her first child from rupture of the perineum, which involved a laceration of some varicose veins of the vagina. The patient died in ten minutes, from hemorrhage.

Maternal Influence on Fœtal Deformity—At the last meeting of the London Obstetrical Society, Dr. Druitt, while discussing this subject, asked facetiously whether deformities of chickens could be accounted for by fright to the hen while sitting on the eggs.

Drinking Fountains.—The first public drinking fountain established in London is used seven thousand times a day. The fountains are supplied by the water companies at the usual charge of sixpence per thousand gallons.

Army and Navy.—Assistant Surgeon W. H. Anderson has been assigned to duty with Company F, Third Infantry, to proceed via the Pecos river, to Texas.

It is calculated that the entire world of smokers, snuffers, and chewers, consume 2,000,000 of tons of tobacco annually, or 4,480,000,000 of pounds weight.

"THE early administration of alcohol in the manner I have recommended, exercises a most remarkable and unequivocal influence in preventing or materially limiting the intensity of delirium. Delirium is a symptom of enfeebled and contaminated nutrition of the brain. It is to be looked for in all exhausting diseases, and in all acute maladies accompanied by high fever. You meet with it in the acute internal diseases, in the exanthemata, in erysipelas, in typhus and typhoid, in the rheumatic and gouty fevers, and after severe burns, or compound fractures, or great surgical operations, after parturition, and in profuse hemorrhage from whatever cause. In all such cases, the timely administration of alcohol will *prevent* or mitigate the delirium, and will check it if it have come on early. It is also applicable to the treatment of delirium of the hysterical and epileptic types, although in such cases it will not be found to tell with such marked effect as in the delirium which accompanies acute disease. *Todd—Clinical Lectures.*

Lord Bacon remarked: "Certain every medicine is an innovation, and he that will not apply new remedies must expect new evils, for time is the greatest innovation; and if time of course alters all things for the worse, and wisdom and counsel shall not alter them for the better, where shall be the end?"

The Intermuscular Fissures which lead down to the great bloodvessels of the extremities can, according to Dr. D. Hayes Agnew, be readily distinguished in the ligation of arteries of the extremities by the cutaneous vessels piercing the fascia, opposite these points.

Answers to Correspondents.

COMMUNICATIONS RECEIVED.—*Florida*, Dr. R. Thomas, [with encl.]—*Georgia*, Prof. L. J. Robert, [with encl.]—*Illinois*, Dr. R. F. Hayes, [with encl.]—*Indiana*, Dr. R. McChesney, [with encl.]—*New York*, Dr. H. B. Wilbur, Dr. Sylvester D. Willard—*North Carolina*, Dr. Benj. Fessenden, [with encl.,] Dr. W. W. Ward, [with encl.]—*New Jersey*, Dr. E. P. Nichols, [with encl.]—*Ohio*, Dr. D. H. Hewetson, [with encl.,] Dr. A. Wall, [with encl.]—*Pennsylvania*, Dr. M. Woods, [with encl.,] Dr. Webster Bland.—*Tennessee*, Dr. J. A. Hudson, [with encl.]—*Texas*, Dr. G. D. Berry.

Office Payments—Dr. G. W. Chaytor, (of Delaware,) Dr. Sites, Dr. Porter, Dr. Funk, Dr. H. F. Sellers.

MARRIAGES.

BEAR—HEPBURN.—On the 5th inst., at the house of the bride's mother, by Rev. Joseph Stevens, Dr. Benjamin Bear to Miss Lydia Hepburn, only surviving daughter of the late James M. Hepburn, both of Jersey Shore.

DEATHS.

GMELIN.—Dr. Christ. Gmelin died on the evening of May 13th, of heart disease.

Born in 1792. Since 1817, Professor of Chemistry in Tübingen.

HUNT.—At the residence of his son, Rev. Wm. E. Hunt, Coshocton, Ohio, on the 3d inst., Dr. Wm. F. Hunt, in the 69th year of his age, of Pedricktown, Salem county, New Jersey, where he had been engaged in the practice of medicine forty-five years.

ROOT.—In this city, June 26th, Mr. A. M. Root, of Alabama, a student of medicine at the University of Pennsylvania.

At a meeting of Drs. Bishop & Woodward's office class, held June 26th, 1860, Mr. A. P. Frick, of Pa., having been called to the chair, and Mr. H. C. Yarrow, of Pa., chosen Secretary, a committee was appointed, consisting of Messrs. G. H. Gotwald, of Ohio, J. B. Beshler, of Pa., M. C. Richardson, of N. C., Charles Leseign, of N. C., and H. C. Yarrow, of Pa., who presented the following preamble and resolutions, which were unanimously adopted.

Whereas, An all-wise God has seen fit to remove from our midst our friend and fellow student, Mr. A. M. Root, of Alabama, therefore

Resolved, That, while we bow in meek submission to the decrees of an inscrutable Providence, we would offer this willing tribute of respect to the memory of our departed associate.

Resolved, That during our acquaintance with him, he has endeared himself to us all by his noble and generous disposition, his gentlemanly manners, and his close, studious habits; and that in his death we each sustain the loss of a true and honored friend, and our class one of its brightest and most promising ornaments.

Resolved, That we hereby tender his bereaved relatives and friends our heartfelt sympathies in their affliction, realizing, as we do, the extent of their loss and the depth of their sorrows.

Resolved, That copies of these resolutions be sent to his family, to the "Mobile Mercury," "Philadelphia Medical and Surgical Reporter," and to the "Philadelphia Inquirer."

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1860-'61.

FACULTY.

B. HOWARD RAND, M. D., Professor of Chemistry.
HENRY HARTSHORNE, M. D., " Practice of Medicine.
LEWIS D. HARLOW, M. D., " Obstetrics, &c.
WILLIAM S. HALSEY, M. D., " Surgery.
WM. HEMBEL TAGGART, M. D., " Materia Medica.
JAMES AITKEN MEIGS, M. D., " Institutes of Medicine.
WM. H. GOBRECHT, M. D., " Anatomy.
THEODORE A. DEMMÉ, M. D., Demonstrator of Anatomy.

The session of 1860-'61 will commence on Monday, 8th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

The Rooms for Practical Anatomy will be open early in September.

The College Clinic will be conducted on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in this city.

FEES.

Matriculation, (paid once only,) - - -	$5 00
For each Professor's Ticket, - - - -	15 00
Graduation, - - - - - - - -	30 00

LEWIS D. HARLOW, M. D., *Dean*,
192—1em *No.* 1023 *Vine, below* 11*th Street.*

COLLEGE OF PHYSICIANS AND SURGEONS,

CORNER 23D STREET AND FOURTH AVENUE,

NEW YORK.

FIFTY-FOURTH SESSION 1860-'61

EDWARD DELAFIELD, M. D., President of the College, and Professor Emeritus of Obstetrics.

ALEXANDER H. STEVENS, M. D., LL.D, Professor Emeritus of Clinical Surgery.

JOHN TORREY, M. D, LL.D., Professor Emeritus of Chemistry and Botany.

JOSEPH MATHER SMITH, M. D., Professor of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.

ALONZO CLARK, M. D., Professor of Pathology and Practical Medicine.

JOHN C. DALTON, JR., M. D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Professor of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOTT, M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy and Curator of the College Museum.

The Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures, $105. Graduation Fee, $25. Demonstrator's Fee, $5. Matriculation Fee, $5.

JOHN C. DALTON, JR., M. D.,
Secretary of the Faculty.

192—3m.

TO PHYSICIANS.

A PHYSICIAN offers for sale his good will and property, consisting of a good dwelling house, with double office attached, and well improved lot, eligibly located, has been the residence of a physician for the last fourteen years.

A physician wishing to secure a pleasant home and good practice in an enterprising, intelligent, moral community, on moderate terms, and easy payments, will address

J. G. L. SHINDELL,
Selinsgrove, Pa.

Or P. S. LEISENRING, M. D.,
Hollidaysburg, Pa. 192—4t

TRUSS
AND
BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

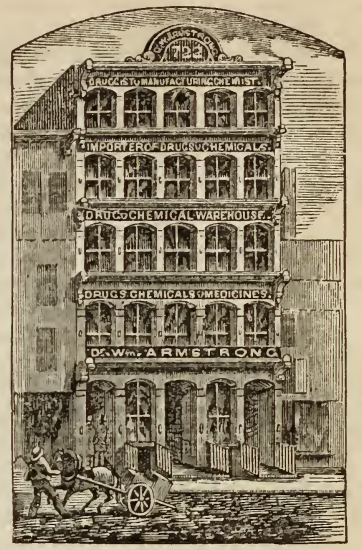
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with above, with flattering results. 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.



Also a General Assortment of Concentrated Medicines, from the Laboratories of MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut	2 to 5	1 50
Alnuin	Res. Rd. Neut	2 to 10	
Apocynin	Rd. Res. Neut	½ to 3	2 00
Asclepin	Rd. Neut	1 to 5	1 50
Baptisin	Res. Neut	1 to 8	1 00
Barosmin	Res. Neut	1 to 3	2 00
Caulophylin	Rd. Neut	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut	2 to 5	1 25
Chimaphilin	Res. Rd. Neut	2 to 5	1 00
Collinsonin	Res. Neut	2 to 5	2 00
Colocynthin	Rd	½ to 2	2 00
Cornin	Rd Neut	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut	1 to 3	3 00
Cypripedin	Rd. Neut	2 to 4	1 00
Digitalin	Rd. Alk. two Neut	⅛ to ½	1 50
Dioscorein	Res. Neut. M. R	2 to 5	1 50
Enonymin	Rd. Alk. Neut	1 to 4	2 00
Enphorbin	Rd. Neut	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk	2 to 5	1 50
Fraserin	Res. Neut. and M. R	2 to 10	1 00
Gelsemin	Rd. Alk. Neut	¼ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd Neut	3 to 8	2 00
Hamamelin	Res. Neut	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut	⅛ to ½	2 50
Irisin	Res. Rd. Alk. Neut	1 to 3	1 00
Jalapin	Res	2 to 5	1 50
Juglandin	Rd. Neut	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut	2 to 5	60
Lupulin	Res. Rd. Neut	1 to 4	75
Lycopin	Rd. Neut	1 to 4	1 00
Macrotin	Rd. Alk. Neut	½ to 2	60
Menispermin	Rd. Alk. Neut	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut	½ to 3	1 00
Podophyllin	Rd. Alk. Neut	½ to 3	60
Populin	Rd. Neut	2 to 5	50
Prunin	Rd. Neut. Amyg	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to and sent to all parts of the United States, by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Philada

J. M. MIGEOD,

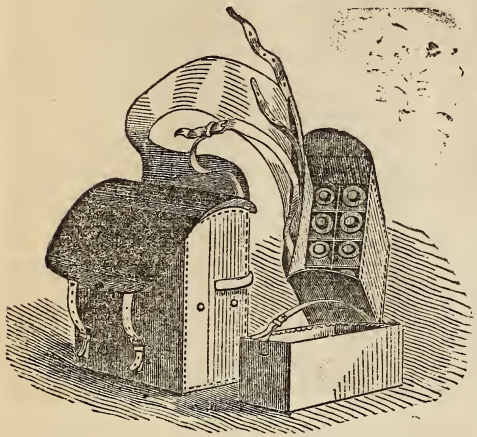
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50
No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50
No. 3, containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " 9 50
No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottle
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ or. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" 4 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,
Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

HUSBAND'S

ISINGLASS ADHESIVE PLASTER.

THIS PLASTER has been found to be admirably adapted to strapping after surgical operations, and as a dressing to either incised or lacerated wounds. It is cleanly, of easy application, adheres firmly *without producing inflammation*, and being semi-transparent, allows of an examination of the parts without their having to be disturbed by its removal, until, in many instances, the cure is effected. This Plaster is not affected by age, and will bear exposure to any climate.

Professor MUTTER, in his late edition of Professor Liston's Lectures on Surgery, &c., remarks that "the Isinglass Plaster, referred to by Mr. Liston, is exceedingly well made by Mr. Husband, of this city; and for some time past I have almost abandoned the use of the old adhesive plaster of the shops, which often, in persons of a delicate skin, or children, produces troublesome irritation."

For sale by the Druggists, and by

T. J. HUSBAND,
173 N. W. Cor. Third and Spruce sts., Philada.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

WANTED.

SEVERAL PERSONS TO TRAVEL AS **AGENTS** TO OBtain subscribers for this Journal. Students or young graduates would find this pleasent and profitable employment, as we allow a liberal percentage for new subscribers, and the exceedingly practical and popular form and low price of the REPORTER, will induce most physicians to subscribe to it if called upon.

None need apply without good recommendations. Address the Editors

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Piils are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred. so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P.	$0 37½
Aloes et Assafœt: U. S. P.	37½
Aloes et Ferri	37½
Pulv: Aloes, Socot: ½ gr.	
" Zingib: Jam: 1 gr.	
Ferri Sulph: Exsic: 1 gr.	
Ext: Conii ½ gr.	
Aloes et Mastich: (See Pil: Stomachicæ)	37½
Aloes et Myrrhæ, U. S. P.	37½
Anderson's Scots:	37½
Pulv: Aloes Socot:	
" Sapon: Hispan:	
" Fruct: Colocynth:	
" Gambogiæ	
Oleum Anisi	
Anti-bilious (Vegetable)	37½
Pulv: Ext: Coloc: C: 2½ grs.	
Podophyllin ¼ gr.	
Assafœtidæ, U. S. P.	37½
Bismuth: Subnit: 3 grs.	37½
" Subcarb 3 grs.	37½
Calomel: 3 grs.	37½
" Comp: (Plummer's) 3 grs.	37½
Calomel	
Oxysulph Antimony	
Guaiacum Resin	
Calomel et Opii	37½
Calomel 2 grs.	
Opium 1 gr.	
Cathart: Comp: U. S. P.	37½
Cinchon: Sulph: 1½ grs.	50
Cook's, 3 grs.	37½
Pulv: Aloes Soc: 1 gr.	
" Rhei 1 gr.	
Calomel ½ gr.	
Sapo Hispan: ½ gr.	
Colocynthidis Comp: 3 grs.	37½
Ext: Coloc: Comp: U. S. P.	
Copaibæ, U. S. P. 3 grs.	37½
Copaibæ et Ext: Cubebæ	37½
Pil: Copaibæ. 3 grs,	
Ext: Cubebæ 1 gr.	
Copaibæ Comp:	37½
Pil: Copaib:	
Resin Guaiac:	
Ferri Cit:	
Ext: Cubeb:	
Fel Bovinum,	50
Inspisated Oxgall 2 gr.	
Powd: Jamaica Ginger, 1 gr.	
Ferri (Quevenne's) 1 gr.	37½
Ferri Carb: (Vallett's) U. S. P. 3 grs.	37½
Ferri Citrat: 2 grs.	37½
Ferri Comp: U. S. P.	37½
Ferri Iodid: 1 gr.	50
Ferri Lactat: 1 gr.	37½
Ferri et Strychniæ	62½
Strychniæ 1-60 gr.	
Ferrum per Hydrogen (Quevenne's) 2 gr.	

PIL: Ferri Valer: 1 gr.	75
Ferri et Quin: Cit: 1 gr.	50
Ferri et Strychniæ Cit: 1 gr.	37½
Strychnia Cit: 1-50 gr.	
Ferri Cit: 1 gr	
Galbani Comp: U. S. P.	37½
Hooper (Female Pills)	37½
Hyd argyri, U. S. P. 3 grs.	37½
Ipecac et Opii, 3½ grs.	37½
Pulv: Doveri, U. S. P.	
Opiii, U. S. P. 1 gr.	37½
Opii et Camphoræ	50
Pulv: Opii, 1 gr.	
Camphoræ, 2 grs.	
Opii et Plumbi Acet:	37½
Pulv: Opii, ½ gr.	
Plumbi Acct: 1½ grs.	
Quiniæ Sulph: 1 gr.	62½
Quiniæ Sulph: 2 grs.	1 00
Quiniæ Comp:	75
Quin: Sulph: 1 gr.	
Ferrum per Hydrogen (Quevenne's) 1 gr.	
Acid Arsenious 1-60 gr.	
Quiniæ et Ext: Belladon:	62½
Quiniæ Sulph: 1 gr.	
Ext: Belladon: ½ gr.	
Rhei, U. S. P.	37½
Rhei Comp: U. S. P.	37½
Scillæ Comp: U. S. P.	37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr.	37½
Pulv: Aloe Scott:	
Gum: Mastich:	
Flor: Rosæ	
Zinci Valerian: 1 gr.	75
GRANULES, Acid: Arsenious, 1-20 gr.	25
" " 1-50 gr.	25
Aconitia, 1-60 gr.	50
Atropia, 1-60 gr.	50
Corrosive Sublimate, 1-12 gr.	25
Digitalin, 1-60 gr.	50
Elaterium (Clutterbuck's) 1-10 gr.	38
Extract Belladonna, Eng: ¼ gr.	25
" Cannabis Indica, ¼ gr.	37½
" Hyoscyamus, Eng: ½ gr.	25
" Nux Vomica, ½ gr.	37½
Mercury Iodide, ¼ gr.	25
" Red, 1-16 gr.	25
Morphia Sulphate, 1-10 gr.	37½
" " 1-6 gr.	50
" Valerianate, ¼ gr.	62½
Quinia Valerianate, ½ gr.	1 00
Silver Nitrate, ¼ gr.	37½
Strychnia, 1-20 gr.	37½
" 1-40 gr.	37½
Veratia Sulphate, 1-12 gr.	37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of emicals and Chemical Apparatus, for distribution. 180, 1y

THE MEDICAL USES OF ELECTRICITY IN THE TREATMENT OF NERVOUS AFFECTIONS—A new and important medical work, now in press, and will be issued in the course of a few days, by Messrs. TICKNOR & FIELDS. This will be a thoroughly systematic work of over 700 pages, and finely illustrated with nearly 100 cuts, showing not only the best "*methods*" for the therapeutical employment of electricity in the various nervous diseases, but also *showing the anatomy of the parts* (nerve-trunks and muscle fibres) liable to be involved; moreover, presenting a concise view and means of diagnosis of the great variety of nervous affections met with in every day practice. This work is from the pen of ALFRED C. GARRATT, M. D., of Boston, who of late years, it is well known, has made this difficult department of medicine his *specialty*. It is addressed to medical students, and is dedicated to Dr. JOHN HOMANS, President of the Massachusetts Medical Society. It is intended for the professional eye. There is no similar work in the English language. 190

A COURSE OF INSTRUCTION IN ANALYTICAL CHEMISTRY, therapeutical and practical, and with the especial view to the wants of the physician, will be commenced early in July. The course will close with the Analysis of Animal Fluids, Blood, Urine, &c.

Applications to be made at the laboratory of

J. M. MAISCH,
800 Arch Street.

Organic and Inorganic Analyses promptly attended to. 190

DENTAL INSTRUMENTS—TEETH.

JOHN KLINE,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, FINDINGS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 188

J. JACOB TEUFEL,

MANUFACTURER OF

SURGICAL AND DENTAL

INSTRUMENTS AND TRUSSES.

103 South Eighth St., 3d door below Chestnut,

PHILADELPHIA.

☞ *A large assortment always on hand.* ☜ 186

Anatomical, Pathological, and Microscopical Preparations.

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS intrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood-cut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILLUSTRAION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION intrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS, M. D.
768 Florida street, Philadelphia

REFERENCES.

JOSEPH PANCOAST, M. D., Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.

D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.

ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.

J. DA COSTA, M. D., Physician to the Episcopal Hospital.

F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital.

Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN,** No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved

RADICAL CURE and other TRUSSES,
FEMALE SUPPORTERS,
SHOULDER BRACES,
ELASTIC STOCKINGS,
SPINAL APPARATUS

For weak and curved spines, and

INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

ARTIFICIAL EYES.

PERSONS wanting ARTIFICIAL EYES can have them made to order, and inserted, without pain, by DR. OSMUN, Oculist, 1619 Chesnut street, Philadelphia.

186

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 194 } PHILADELPHIA, JULY 7, 1860. { NEW SERIES VOL. IV. NO. 14.

ORIGINAL DEPARTMENT.

Communications.

ANATOMY
IN ITS RELATIONS TO
MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,
Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 30.

OCULAR REGION—(*concluded*).—The operation for cataract by solution, is founded upon the action of the aqueous humor, on the particles of the lens. The capsule must be first divided, and its substance broken up, in order to allow this fluid to come in contact with it, and as only a definite amount can be managed by this humor, too much should not be attempted at a single operation, as all which remains unchanged may do harm by mechanical irritation of the iris. For this reason it would seem a good practice to shave off from the surface of the cataractous lens as much as may be deemed advisable, without displacing it in its totality from the niche in front of the vitreous body. The capsule being capable of resisting the solvent action of the aqueous humor, should not be separated beyond the simple opening, necessary to gain access to the substance of the lens. If this be observed it will curl up, receding to the circumferance of the suspensory ligament. As the tendency of a displaced lens is to advance toward the anterior chamber, the recumbent position is that best adapted for the operation of couching or solution. The removal of the crystaline body will necessitate the employment of glasses, the form of which will compensate for its loss. The close relation of the lens and iris will explain their frequent adherence, after inflammatory disease. The cataract of children is usually congenital, the pupil may be blocked up at birth by lymph, the result of hereditary syphilis, and produce blindness.

The localization of ocular deposits is a matter of no small difficulty, and only attained after considerable experience. Thus a spot may be referred to the lens, when it is a scrofulous or perhaps an encephaloid formation in the interior of the organ. Such are deep, and possess a color somewhat yellow. Encephaloid disease is very frequent in children, cataract not so, unless congenital. Scrofulous and malignant disease may be confounded. In the former, when ulceration of the tunics takes place, and the humors flow out, the eye collapses and sinks back into the orbit, but in the latter, red, exuberant granulations, covered with an offensive puriform matter, rapidly fill up the orbit.

There are several conditions of the eye, upon the exact nature of which, anatomy has not informed us. Among these we may enumerate *myopia*, or near-sightedness, *presbyopia* or far-sightedness, *muscæ volitantes*, and inability to distinguish colors. The first two are alleged to be dependent on too great or too little convexity of the cornea. That such is occasionally the case admits of no doubt; but in the great majority of instances, no such deviation of form can be detected. It is however gratifying to know, that by a mechanism constructed upon well-known laws of optics, both defects can be compensated for in the use of the concave glass in the first, and the convex in the last variety.

The *muscæ volitantes* constitute a source of great mental distress to persons so affected. Strings of beads, attenuated filaments and air bubbles, constantly sailng in successive ranks across the field of vision; sometimes solid, at others broken. Most individuals regard such as sure precursors of some serious disease of the brain or eye. Mackenzie, who has written very ingeniously on this, as indeed all subjects connected with the organ of vision, regards the muscæ as shadows cast upon the retina by minute objects moving almost in contact with that membrane. They imply nothing serious, and are not at all incompatible with excellent sight, and immunity from all cerebral disorder. The inability to distinguish colors does not, in all probability, depend upon any peculiarity in the construction of the eye, but rather in that part of the brain which recognizes luminous impressions.

Zygomatic Region.—Having passed over the superficial anatomy of the face, we shall next turn to a region more deeply situated; the "*Zygomatic.*" It should be first examined upon the skull, when it will be seen to be not only deep but very irregular. The temporal fossa leads into it. The bony walls which are placed about it are, in front, the posterior surface of the superior maxillary; behind, the articular eminence of the glenoid cavity of the temporal bone, and the spinous process of the sphenoid; (if studied with the lower jaw in situ, we should add the condyle and neck of that bone;) on the inside the pterygoid process, and a small part of the great wing of the sphenoid bone; and externally the zygomatic arch. At the anterior portion of the inner wall two fissures communicate with this region, the *spheno-maxillary*, and *pterygo-maxillary*, by the former of which it communicates with the orbit. The angle of union between these two fissures form the *spheno-maxillary fossa.*

The most important foramina opening into the zygomatic space are the *rotundum* for the second branch of 5th pair of nerves commonly called the *superior maxillary:* the *pterygoid* foramen for the pterygoid nerve and artery: the *spheno-palatine* by which it communicates with the nasal fossa; and the *foramen ovale* for the 3d branch of the 5th pair of nerves or the *inferior maxillary.*

Fig 29.

Fig. 29 Exhibits the bony walls, processes and fissures, of the Zygomatic region.

That a proper appreciation of the constituents of this region may be had, let us enumerate them briefly, as in a dissection conducted from without, inward.

With this view the masseter muscle and temporal fascia should be detached from the zygoma, the former thrown down and the latter up. The arch may be sawed away, when the coronoid process and the tendon of the temporal muscle attached to it will come into view. If the inferior maxillary be now divided at the symphysis, and drawn outward, or a vertical strip of the ramus cut out, removing the coronoid portion of the bone, and the insertion of the temporal muscle, and leaving a little column sufficient to support the condyle of the bone, the muscles of the region will be exposed, viz: the two *pterygoids.* The *internal* one arises from the inner face of the external pterygoid plate, and is inserted into the inner surface of the ramus and angle of the lower jaw. The external one, by two heads, from the ridge on the outer surface of the great wing of the sphenoid bone, and the external surface of the pterygoid process, and inserted into the neck of the condyle and the inter-articular cartilage. Between the internal pterygoid muscle and the jaw there passes the internal maxillary artery, which, leaving the external carotid, enters the region under con-

consideration behind the neck of the bone, advancing inward and upward, first between the two pterygoids, and next between the external one and the temporal muscle, and finally entering the pterygo-maxillary fissure. It is a vessel of greater magnitude than the temporal, and remarkable for its numerous branches, the most important of which are the *tympanic*, entering the glenoid fissure to supply the muscles and tympanic membrane of the ear; the *middle meningeal* which passes into the cranium through the foramen spinosum, to supply the meninges of the brain. The *inferior dental* descending to the posterior dental foramen, and traversing a canal in the bone, distributes branches to the roots of the teeth; several trunks to the muscles of mastication; *superior maxillary*, sometimes called alveolar, which enter the upper maxillary bone by several branches ("*posterior dental*") and supply the antrum, alveoli, molar and bicuspid teeth of the upper jaw; the *infra-orbital*, traversing the infra-orbital canal, sending branches to the antrum, anterior teeth, gums, etc., and emerging upon the face just below the orbit; the *posterior palatine*, which reaches the hard palate through the posterior palatine canal, and is expended upon the roof of the mouth, the gums, and palatal glands; and the last, the *spheno-palatine*, which enters the nose through the spheno-palatine foramen, and supplies the septum and lateral walls.

Veins.—Corresponding to these trunks are veins, which, by their communications, form a plexus situated between the external pterygoid and temporal muscles, and from which the internal maxillary vein originates, afterward emptying into, or rather joining, the temporal near the neck of the lower jaw, and in the substance of the parotid gland.

Nerves.—Very important nerves are situated in this region. The *superior maxillary* passes through the foramen rotundum, crosses the spheno-maxillary fossa to the infra-orbital canal, and distributes, while in the fossa, a branch"—*orbital*,"—which enters the orbit through the spheno-maxillary fissure, and divides into a temporal and malar fillament, the first of which, through an opening in the malar, enters the temporal region, and at last piercing the temporal fascia just above the zygoma, supplies the integument over the forehead and temple. The malar branch leaves the orbit through another foramen in the malar bone, and supplies the integument over the cheek. The nerve next gives off two branches, which are called *spheno-palatine*, and which descend to communicate with *Meckel's ganglion*, a little body in the spheno-maxillary fossa, just below the nerve we are describing; and lastly, two branches, the *posterior dental*, which enter the upper jaw through small foramina, on its tuberosity or zygomatic surface. These are all filaments of common sensation.

The inferior maxillary is seen to enter the zygomatic fossa through the foramen ovale behind the pterygoideus externus muscle, at which place it separates into two considerable trunks, an *anterior* and *posterior*. The anterior is a motor nerve, and divides into five branches, corresponding to the five muscles of mastication to which they are distributed, taking the names of *temporal*, *masseteric*, *buccal*, *pterygoids*. The *posterior trunk* detaches two branches, which meet again to form the *auriculo-temporal* nerve, the course of which is under the pterygoideus externus muscle to the inner surface of the temporo-maxillary articulation; thence it joins itself to the temporal artery, close to the cartilage of the ear, and finally ends by splitting into an anterior and posterior temporal branch, supplying the integument of the temple, the muscles, and pinna of the ear. This nerve communicates by one or two filaments, which wind round the neck of the lower jaw, with the facial at the posterior border of the masseter muscle, and among other branches supply the articulation of the jaw. Between its two roots of origin the middle meningeal artery passes. The inferior maxillary next gives off the *gustatory nerve*. It is placed beneath the external pterygoid muscle on the inner side of another considerable nerve, the inferior dental. Here it is also joined by a very delicate filament, which comes out of the glenoid fissure, the "*chorda tympani*;" the nerve next passes between the

ramus of the jaw and the pterygoideus internus muscle, afterwards somewhat parallel with the body of the jaw, to the tongue, where we shall, at another time, more particularly notice its relations.

The *inferior dental* proceeds from the inferior maxillary, where the latter is placed beneath the external pterygoid muscle, then descends between that muscle the internal ligament and ramus of the jaw to the posterior dental foramen into which it enters in company with the inferior dental nerve, and at which situation it gives off a little branch the mylo-hyoid. In addition to the above, there exists considerable fat and cellular tissue in this region, and which through the spheno-maxillary fissure communicate freely with like tissues in the orbit.

As the articulation of the lower jaw is in close juxtaposition with the zygomatic region, I shall treat of it here as one of the constituents of this space.

Fig. 30.

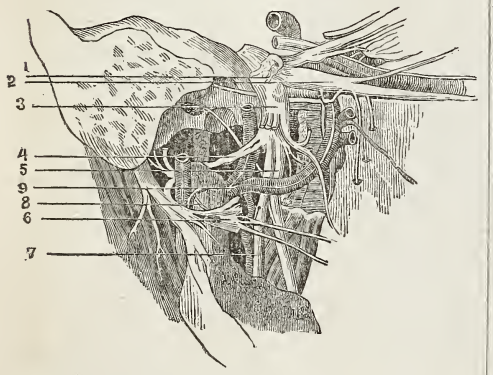


Fig. 30 represents the most important constituents of the zygomatic region, as they are related to each other. Most of the ramus of the inferior maxillary is cut away, and the two pterygoids are seen divided. 1. Three branches of the 5th pair, at the petrous portion of the temporal bone. 2. The superior maxillary nerve. 3. The inferior maxillary nerve. 4. The auriculo temporal nerve. 5. The gustatory nerve. 6. The facial coming out of the styto-mastoid foramen, and afterward cut off. 7. Inferior dental nerve. 8. Filament of communication between the 5th and the facial nerves. 9. The internal maxillary artery.

The socket for the inferior maxillary condyle is placed in the temporal, and is guarded in front by the eminentia articularis, behind by the middle root of the temporal zygomatic process, on the outside by the zygomatic tubercle, and on the inside by the spinous process of the sphenoid bone. Behind the articular cavity is the glenoid or Glasserian fissure, the auditory and vaginal processes. It is transversely ovoidal, larger than the head of the bone intended to occupy it. Between the articular surfaces a cup shaped inter-articular cartilage is placed, which is connected to the tendon of the pterygoideus externus muscle. This cartilage has sometimes a perforation in its centre, at other times not, which fact determines the presence of two or one synovial membranes.

The ligaments connecting the articulating bones are the *capsular*, rather imperfect, and which arising from the margin of the glenoid cavity is attached to the neck of the condyle: the *internal lateral*, from the spinous process of the sphenoid to the margin of the posterior dental foramen: the *external lateral*, from the zygomatic tubercle to the outer and posterior portion of the neck of the condyle.

Practical Remarks.—The orbit communicating with the zygomatic fossa through the spheno-maxillary fissure, and by the fat and cellular tissue of the parts, disease in one region may rapidly propagate itself to the other. Various deviations of the eye may follow in this way from the exposure of the orbital nerves to pressure. Through the spheno-palatine foramen the nasal fossa and this region communicate, rendering similar morbid extensions as in the other case liable to occur. Disease in the zygomatic region may produce diminution in the sensibility of the upper part of the face, or extreme neuralgia by pressure upon the superior maxillary nerve which crosses it; rigidity or paralysis of the muscles of mastication from pressure on the motor part of the 5th pair; impairment of the taste or sensibility of the tongue, from injury to the gustatory nerve; painful state of the teeth, antrum, gums, &c., by pressure upon the dental trunks of the upper maxillary, or the inferior dental trunk of the inferior maxillary nerve. The posterior surface of the superior jaw being placed in front of the zygomatic region, tumors might very readily, by the absorption of the bone, pass into the an-

trum, or from the antrum, into the region under examination. So too the temporal region being continued into the zygomatic, their affections may come to occupy both, especially if beneath the temporal muscle. In neuralgia of the upper part of the face, the division of the superior maxillary nerve has grown into favor among surgeons. To be successful, the section must be made behind its branches. This will require that the nerve should be attacked at the posterior part of the sphenomaxillary fossa, where it emerges from the foramen rotundum. An inspection of the skull, or of Figs. 29 and 30, will show that this point can be most safely reached by following back the infra-orbital canal which opens upon the face below the orbit, and which lodges this nerve. The whole antero-posterior extent of the upper maxillary must be traversed, which is readily accomplished by the application of the trephine to the front wall, and another to the back wall, or by a few taps of a punch to the latter, and then picking out the fragments with the forceps. In this operation the antrum maxillare is passed through.

A similar operation may be done upon the inferior dental nerve when the suffering is confined to parts over the lower jaw. This nerve enters the jaw through the posterior dental foramen, which is situated on the inside of the ramus a short distance above the angles, and will be most easily reached, by splitting the integument and masseter muscle over the external surface of the inferior maxillary where its body and ramus unite, cutting through its external wall with a trephine, and exposing the nerve as it enters the dental canal. It is accompanied with the inferior dental artery from which the hemorrhage is usually profuse, requiring plugging, or as I have used in a case not long since the actual cautery. If the object should be to divide the inferior maxillary behind all its branches, its division would have to be effected at the foramen ovale. Take a skull and place the inferior maxillary in its articulating cavities, and it would seem that the safest method of reaching this deeply placed opening would be over the concavity between the coronoid and condyloid processes of the lower jaw by dividing the posterior tendinous fibres of the temporal muscle. The foramen ovale is placed in a notch between the pterygoid and spinous processes of the sphenoid bone, and is a little anterior to and deeper than the extreme termination of the eminentia articularis of the inferior maxillary socket. These points will answer as reliable guides in finding the nerve in this situation. As both the motor and sensory root of the 5th pair are together here, we should say that the only certain evidence of its division would be the loss of power over the muscles of mastication on that side. In all these operations, free bleeding may be expected, from injury to some of the branches of the internal maxillary artery; and therefore the more free the external incisions are the better, as it facilitates the securing such trunks as require ligation. As the 5th pair of nerves communicates with the facial, and as some of these fibres of communication are probably motor, a division of the trunk of the facial posterior to the connexion may not necessarily be followed by facial paralysis.

Punctured wounds of the zygomatic region are serious, in consequence of the injury likely to be inflicted on some of the many vessels or nerves situated in it.

In the removal of an upper maxillary, the whole front of the zygomatic region is exposed, and as the internal maxillary artery is quite close to its posterior surface, the propriety of twisting it from its palatine and pterygoid attachment, rather than employing the knife, will be evident.

A moment's glance at the glenoid cavity will show us that a luxation of the lower jaw can only occur in one direction, *forward*. When the jaw is depressed, as in opening the mouth, the condyles advance toward and even upon the articular eminences. Should there now be a blow received upon the chin, or from any cause a sudden contraction of the external pterygoid muscles take place, those muscles being placed at nearly right angles with the rami of the bone, the condyles will be dragged over the eminences, and be drawn into the

zygomatic or even temporal fossa by the temporal muscles. In this displacement the other muscles of mastication must not be excluded from a participation, as the anterior fibres of the masseters, internal pterygoid and temporals, all co-operate in bringing about the result. The condyles may be placed upon the articular eminences, and there remain. This is an incomplete luxation. If the reader will examine again the skull with lower jaw attached, he will find that the arches of the two jaws correspond. If now the condyles be slipped out of their sockets, and placed front, within the zygomatic arch, the dental arch of the inferior will advance beyond that of the superior jaw, and if the muscles were attached, the mouth would be opened by the action of the digastric muscles, and the posterior fibres of the masseter muscles. Again, between the tubercle of the zygomatic and the external auditory meatus, a hollow will be seen, occasioned by the vacation of the glenoid cavities. Here, then, are three most unmistakable signs of a complete luxation of both condyles of the lower jaw—an advance of the dental arch, depression of the chin, and a hollow in front of the ear. In the partial luxation, the jaw is slightly advanced, teeth a little separated, hollow in front of the ear. To test these signs, place the condyles on the articular eminences; let one condyle be next slipped out of its socket, and there is presented the last variety of these luxations, in which it will be seen that the jaw is carried over to the sound side and the hollow in front of the ear of the affected side. A little further practice with the skull and jaw, remembering the muscular attachments already given, will demonstrate the method necessary for reduction. The condyles are in the zygomatic fossæ, held there by the temporals, masseters, and internal pterygoids, and pressed against the front of the articular eminences. The first indication is to depress the condyles, so as to bring them on a level with or below these eminences. This is usually by the thumbs acting on the posterior molar teeth. If now the chin be elevated by the fingers, the fibres of the masseters which run from the zygoma forward, and the posterior fasciculi of the temporals will drag the condyles into their proper functional position.

The articular eminences in some persons are very low, so that every time the mouth is opened and shut the condyles mount upon their summits and again fall back. This will explain the unpleasant sound which some individuals make when eating. I have known of persons thus constituted subjected to prolonged blistering under the impression that the noise was due to a synovitis. I had a skull in my possession at one time, in which the eminence on one side was actually worn away, and evidently occasioned by such a malposition of the teeth as in eating to drag the condyle strongly against it. Congenital deficiencies in the height of the articular eminences, or relaxation of the muscles of mastication, may predispose to luxation. It may occur in extremely nervous females, and I recollect very well a case which occurred in consequence of great muscular relaxation, the result of profound intoxication.

In the removal of the lower jaw, it will be evident, from the structures described, that the chief difficulties will be such as result from the anatomical relations of the rami. The masseters, the temporals and pterygoid muscles, would have to be detached from their maxillary attachments. The last, or pterygoid muscles, should be divided after the bone is disarticulated. The internal maxillary being placed in close contact with the neck of the bone, and the carotid artery, of which it is a branch, being situated behind the posterior border of the ramus, are in danger. Hence, in the early operations of this kind, it was deemed necessary to first ligate the carotid. By prying or pulling the bone forward and twisting the ramus outward, after the division of its symphysis, and shaving close to its surface, it may be so far removed from these trunks as to leave them completely out of the way of harm.

The glenoid cavities of the temporal bone constitute a very important point in the studies of the comparative anatomist and ethnologist. In animals whose habits of life render it necessary to tear their food or gnaw, as the

carnivora and rodentia, these cavities are deep, narrow, and of considerable transverse extent, allowing only of depression and elevation, and productive of great firmness. In the graminiverous mammals, the sockets are considerable larger than the condyles of the inferior maxillary, and somewhat ovoidal in form, admitting of considerable lateral movement, such as is necessary in grinding or crushing their food. In man, whose glenoid sockets present an intermediate shape, we have an argument for the omniverous nature of his food.

Several practical points of interest result from the relation of the condyles of the lower jaw to the auditory canal, and which have been pointed out in a former commuication.

A Description of a Craniotome for Post-Mortem Examinations.

By THEODORE A. DEMMÉ, M. D.,
Demonstrator of Anatomy, Pennsylvania Medical College.

During the course of last winter I introduced in the anatomical rooms under my care, the use of the Craniotome, an instrument designed to facilitate the removal of the calvaria.

In post-mortem examinations of the brain, whether made in private practice or in the dissecting halls, there is often so much difficulty and inconvenience encountered, that any contrivance, designed to lessen and expedite the labor, is worthy of consideration.

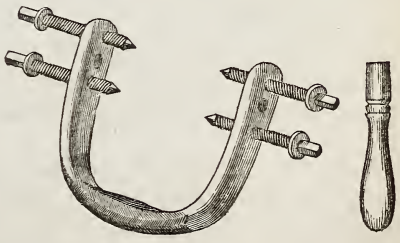
In the *London Lancet*, (Feb. 1859, Amer. Ed.,) a description of an instrument, the Craniotome, designed to facilitate the operation, is given by Edmund Lund. It consists of a steel ring or band, about a quarter of an inch in thickness and five-eighths of an inch in width, of an oval, or rather ovoid figure, measuring inside eight inches and a half in the long diameter, and about six inches in the greatest transverse diameter. It has passing over it, in the direction of its long diameter, a curved bar, which serves as a handle when the ring is placed around the head. The whole is retained in position by means of four screws. Each of the screws is about an inch and three quarters in length, with the point rounded off, and made at the end like the rose of a dentist's drill, so that in screwing it dow against the bone of the scull, it penetrates just far enough to keep the ring steady, without presenting any really sharp angles or joints by which the fingers might be accidentally injured in holding the instrument.

The great advantage gained by the use of this instrument is, that during the section of the scull, the head can be held firmly or turned in any direction.

This instrument was in constant use during last winter in the anatomical rooms of Pennsylvania College, and afforded great satisfaction, not, however, as a craniotome, but as a cranium holder.

In consequence of the ring which encircles the head, the section must be made perfectly straight, parallel to the ring. This section, though always made in the dissecting room, is improper in post-mortem examinations in private practice, inasmuch as the calvaria, however carefully readjusted and covered by the scalp, will be easily displaced, causing a shocking disfigurement of the forehead. To obviate this, the brain may be exposed by sawing, in the first place, from before backward, in the direction of the long axis of the scull to a short distance above the root of the pinna of the ear, and then from behind forwards, from the occipital protuberance to the termination of the first line. An angular piece is thus removed, which, when replaced and covered by the pericranium, is not easily dislocated.

As the craniotome of Lund cannot be used when this section is desirable, and as, moreover, it is a rather complex and expensive instrument, I have so simplified it, as to enable me to hold the head firmly, and yet to make any section that may be desirable.



The instrument as modified is so simple in construction, that the accompanying figure,

serves to explain it almost without any description.

A bar of highly tempered steel is curved so as to resemble somewhat, the letter U: at each extremity are two screws, by means of which the bar is fastened to the scull; a number of holes are drilled through each extremity, by means of which the screws can be moved at a greater or less distance from each other.

In applying the instrument it is placed transversely across the head, the legs resting upon the lower portions of the parietal and upon the squamous portions of the temporal bones; the screws by means of the key, *figure*, are forced upon the bone, firmly securing the instrument. However slippery the scull, denuded of its pericranium may be, however convex the form of the cranium, the operator is yet enabled, whilst holding the head, to carry the saw in any direction, to a sufficient depth in those parts where the bone is thickest. and in other places, so lightly, as not to injure the brain or its membranes.

Duration of Gestation in a Medico-Legal Point of View.

By B. L. Dodd, M. D.,

Of Newark, N. J.

There is very little certainty regarding the precise duration of gestation in the human female. Fortunately, however, cases are quite rare, in which the legitimacy of a child is to be determined by the period of gestation. Yet, when such cases occur, they must, from the very nature of the case, cause great embarrassment to the medical witness. In view of this, it is very important that we should possess accurate data of all the facts derived from analogy or otherwise, bearing upon the subject.

To fix the "legal limit" of gestation is no easy task. In France 300 days are allowed. Dr. Simpson of Edinburgh uses the following language: "I believe our best criterion for fixing the 'legal limit,' or ultimate possible period of gestation in the human female, will be derived from careful and repeated observations upon the ultimate period of gestation in the cow; allowing always for the difference of four or five days of excess in the normal period of pregnancy in the cow, as compared with the human mother."

Acting upon this suggestion, I have collected the subjoined carefully recorded observations of the periods of gestation in 66 cases, of 13 cows, extending over a period of thirteen years.

Time of Gestation of Mr. J. R. Burnet's Cows—1844 *to* 1859.

1. Dolly—

1846, 284 days, heifer.
1847, 288 " bull.
1848, 282 " heifer.
1849, 296 " bull.
Sold.

2. Molly—

1844, 285 days,
1845, 285 " bull.
1846, 291 " "
1847, 291 " heifer.
Sold.

3. Suky—

1844, 288 days, heifer.
1845, 276 " "
1846, 285 " bull.
1847, 280 " "
Sold.

4. Lilly—

1844, 287 days, heifer.
1845, 285 " no sex given.
1846, 284 " heifer.
1847, 288 " bull.
1848, 293 " heifer.
1849, 295 " bull.
1850, 290 " "
1851, 288 " "
1852, 292 " heifer.
Last calf at 13 years old.

5. Jenny, large brindle cow—

1st calf at	3	years old,	1847,	281 days,	bull.
2d "	4	"	1848,	281 "	"
3d "	5	"	1849,	286 "	"
4th "	6	"	1850,	283 "	heifer.
5th "	7	"	1851,	287 "	bull.
6th "	8	"	1852,	282 "	heifer.
7th "	9	"	1853,	284 "	"
8th "	10	"	1854,	284 "	"
9th "	11	"	1855,	288 "	bull.
10th "	12	"	1856,	289 "	"
11th "	13	"	1857,	282 "	"

Butchered. This cow is daughter of No. 4, Lilly.

6. Sally—white cow—

1st calf at	3	years old,	1848,	284 days,	bull.
2d "	4	"	1849,	290 "	"
3d "	5	"	1850,	292 "	heifer.
4th "	6	"	1851,	unknown,	bull.
5th "	7	"	1852,	278 days,	"
6th "	8	"	1853,	279 "	heifer.
7th "	9	"	1854,	276 "	bull.
8th "	10	"	1855,	279 "	heifer.

The following Spring, this cow died, before calving. Is daughtar of Suky, No. 3.

7. Polly, out of Molly, No· 2,—a mischievous black cow—

1st calf at	3	years old,	1850,	unknown,	bull.
2d "	4	"	1851,	286 days,	"
3d "	5	"	1852,	280 "	heifer.
4th "	7	"	1854,	283 "	bull.
5th "	8	"	1855,	290 "	"

Butchered.

8. White-face, out of Dolly, No. 1—

1st calf at	2	years old,	1850,	288 days,	heifer.
2d "	3	"	1851,	277 "	"
3d "	4	"	1852,	293 "	bull.
4th "	5	"	1853,	282 "	"
5th "	6	"	1854,	284 "	"

Sold.

9. Rose, brindle, born in 1851, from White-face, No. 8—

1st calf at	3	years old,	1854,	282 days,	bull.
2d "	4	"	1855,	276 "	heifer.
3d "	5	"	1856,	281 "	"
4th "	6	"	1857,	284 "	"
5th "	7	"	1858,	276 "	bull.
6th "	8	"	1859,	287 "	"

10. Cherry, lean, red cow, 1853, from Sally, No. 6—

1st calf at	2	years old,	1855,	274 days,	heifer.
2d "	4	"	1857,	279 "	bull.
3d "	5	"	1858,	273 "	heifer.
4th "	6	"	1859,	279 "	bull.

11. Suky, yellow, 1855, from Sally, No. 6—

1st calf at	2	years old,	1857,	275 days,	heifer.
2d "	3	"	1858,	279 "	lost.
3d "	4	"	1859,	281 "	bull.

12. Whiteface, from Rose, No. 9, 1854—

1st calf at 3 years old, 1859, 285 days, heifer.

13. Sophy—mischievous red cow, bought at a vendue, at 4 years old, in 1856. Time with first 2 or 3 calves unknown.

4th calf, at 7 years old, 1859, 275 days, bull.

The time of gestation in 66 cases, varies from—

273 to 293 days with a heifer calf;
276 to 296 days, with a bull calf.

From these tables it will be perceived that nothing like uniformity exists; the difference between the shortest and longest periods being twenty days, while at the same time it will be observed, that there is considerable difference in the same individuals at different gestations; this amounts, in No. 5, to 14 days. These tables also show that, contrary to the popular opinion, the age of a cow has very little, if anything, to do with the length of the period of gestation, but that this depends rather upon the idiosyncrasy of the animal; some yielding a higher average, and some a lower. Another fact, deducible from these observations, is that the average length of gestation is longer by three days in bull calves, than in heifers.

The French law puts the legal limit of gestation at 300 days. If we take Simpson's position, deducting an excess of four days, the present tables would bring the legal limit in the human female to 293–4 days. I shall continue these researches, and they will in due time be recorded.

OBSTETRICAL REPORT OF ONE HUNDRED CASES.

By B. L. Dodd, M. D., of Newark, N. J.

Continued from the Report of 1859.*

No. of case.	Nativity of Mother.	No. of Pregnancy.	Age.	Presentation.	Position and Variety.	Hours in attendance.	Sex of Child.	Length of Cord.	Secundines.	Remarks.	Dead.	Living.
100	U. S.	3	24	Vertex	1st P. 1st V.	6 h.	M	29 in	6 min.			L
101	Ireland	13	38	do	1 1	1¼h.	M	40	15 "			L
102	do	2	30	do	2 1	4½h.	F	32¼	3 "	R	D	
103	do	6	26	do	1 1	6¼h.	F	32½	1 "			L
104	U. S.	1	26	do	1 1	3 h. 20 m	M	33	1 "			L
105	do	1	...	Breech	2 1	3½h.	M					L
106	Ireland	4	27	Vertex	1 1	4¾h.	F	25¼	3 min.			L
107	do	1	22	do	2 1	8 h. 50 m.	F	19¼	5 "			L
108	England	7	26	do	1 1	35 m.	F	26½	9 "			L
109	Ireland	1	23	do			F	20	5 "			L
110	do	1	24	do	1 1	2½h.	M	26¾	3 "	R		L
111	do	4	24	do	1 1	8¼h.	M	28	5 "			L
112	do	3	24				M	18				L
113	do	8	32	Vertex		1 h.	F	20		R	D	
114	U. S.	1	38	do	1 1	42 h.	M	19¾	1 min.			L
115	England	4	33	do	1 1	2½h.	F	29¾	3 "	R	D	
116	U. S.	1	23	Breech	2 1	1 h.	M	18¼	3 "	R		L
117	do	2	16½	Vertex	1 1	1 h.	F	28	5 "			L
118	Scotland	2	30	do	1 1	1½h.	M	28½	3			L
119	do	6	33	do	1 1	2 h.	M	16		R	D	
120	U. S.	3	28	do	1 3	3¾h.	M	27½	3 "	R		L
121	Ireland	5	35	do	1 1	1 h.	F	24¼	3 "			L
122	U. S.	3	29	do			F	26	3 "			L
123	Ireland	11	36	do	1 1	1½h.	F					L
124	do	2	30	do	1 1	9 h.	M	25		R	D	
125	U. S.	3	33	do	1 1	5 h. 30 m.	F	30½	3 min.	R		L
126	England	1	32	do	1 1	5 m.	M	22	5 "	R		L
127	Ireland	2	24	do	1 1	2½h.	F	23¾	5 "			L
128	U. S.	3	33	do	1 1	3 h.	F		3 "			L
129	Ireland	9	40	do	1 1	1½h.	F	23	10 "			L
130	Scotland	8	45	do	1 1	2¼h.	F	27½	3 "			L
131	U. S.	2	21	do	1 1	10 m.	F	33¼	15 "			L
132	do	7	34	do	1 1	3 h. 25 m.	M	38	15 "			L
133	do	2	Unknown			Born.	M	22				L
134	do	6	...	Vertex	2 3	3 h.	M					L
135	Ireland	3	24	do	1 1	1½h.	M	34¼	8 "			L
136	Canada	2	Unknown	do	1 1	5 m.	F	21	5 "			L
137	U. S.	2	20	do	1 1	1 h. 46 m.	F	24½	5 "			L
138	do	5	35	do	1 1	1 h. 40 m.	F	27¾				L
139	Ireland	2	21	do	1 1	2 h.	F	27¾	5 "			L
140	U. S.	2	...	do	1 1	4 h.	M					L
141	do	1	22	do	1 1	2 h. 40 m.	F	21¾	6 "			L

* The report of the first hundred cases was published in the Transactions of the Medical Society of New Jersey for 1859.--Eds.

No. of case.	Nativity of Mother.	No. of Pregnancy.	Age.	Presentation.	Position and Variety.		Hours in attendance.	Sex of Child.	Length of Cord.	Secundines.	Remarks.	Dead.	Living.
142	Ireland	1	42	Vertex	1st P.	1st V.	2 h.	M	29¾	5 "			L
143	England	3	35				Just born on arrival.	M	23	15 "			L
144	U. S.	4	27	Vertex				F	28	20 "			L
145	do	2	25	do	1	1	45 m.	F	20½	3 "			L
146	do	1	26	do	1	1	¾h.	F	21	7 "			L
147	Ireland	1	22	do	1	1	4 h.	F	22¼	5 "			L
148	U. S.	1	23	do	1	1	4 h.	F	19½	3 "			L
149	do	5	35	do	1	1	9½h.	M	31¾	2 "			L
150	France	11 & 12	34	do do	1 2	1 3	2 h. 40 m. 3 h.	F F	24¾ 23¾	5 "	R		L
151	U. S.	1	31	Breech	2	1	6 h.	F	36				L
152	Ireland	2	30	Vertex	1	1	1 h. 6 m.	M	20¾	3 "			L
153	England	3	30	do	1	1	4 h.	M	28¼	5 "			L
154	do	3	27	do	1	1	1 h. 10 m.	M	22¼	3 "			L
155	Ireland	7	30	do	1	1	1 h. 35 m.	M	22½	1 "			L
156	U. S.	2	24	do	1	1	5 h. 45 m.	M		3 "			L
157	Ireland	4	29	do	1	1	3¼h.	F	26½	3 "			L
158	do	9	38					M					L
159	U. S.	2	31	Vertex	1	1	1½h.	M	30	2 "			L
160	do	2	31	do	1	1	½h.	F	23¼	4 "			L
161	do	1	24	do	1	1	3½h.	M	26¼	4 "			L
162	do	1	23	do	1	1	11 h. 50 m.	F	26½	5 "			L
163	Ireland	4	33	do	1	1	1½h.	M		7 "			L
164	England	5	29	do	1	1	½h.	F	28½	7 "			L
165	U. S.	4	29	do	1	1	3½h.	M				D	
166	do	3	34	do	1	1	4½h.	M	29½	3 "			L
167	do	2	38	do	1	1	2½h.	M	21	5 "			L
168	England	7	33	do				M	30½	5 "			
169	U. S.	1	23	do	1	1	6 h. 10 m.	M	24	3 "			L
170	Ireland	13	40	do				M	22	3 "			L
171	do	2	27	do				M	36¼	3 "			L
172	England	2	22	do	2	1	1 h. 50 m.	M	26½	8 "			L
173	U. S.	...	...	do				M					L
174	Canada	8	30	do	1	1	5 m.	F	25¾	5 "			L
175	U. S.	1	...	Breech	2	1	3 days.	F					L
176	England	8	34	Vertex	1	1	2 h. 5 m	M	33	5 "			L
177	U. S.	1	19	do	1	1	3 h.	M	31¼	4 "			L
178	Germany	1	22	do	1	1	15 h. 50 m.	M	28½	6 "			L
179	U. S.	4	30	do	1	1	20 m.	F	31	5 "			L
180	do	3	25	do	1	1	3 h. 55 m.	F	39¾	5 "			L
181	Germany	1	30	do	1	1	5½h.	F	20¼			D	
182	U. S.	2	...				2½h.	M					L
183	do	2	28	Vertex				F	24¼	5 "			L
184	do	2	...	do	1	1	1 h. 20 m.	M	20¼	5 "			L
185	England	4	29	do	2	3	52 h.	F	37	5 "			L
186	U. S.	1	28	do	1	1	2 h. 40 m.	M	34	3 "			L
187	England	1	21	do	1	1	2 h. 45 m	F	21½	3 "			L
188	England	10	42	do	1	1	1 h. 5 m.	F	26	3 "			L
189	U. S.	3	26	Face	1	1	50 m	F	26¼	5 "	R		L
190	Ireland	3	27	Vertex	1	1	¾h.	M	41½	3 "			L

No. of case.	Nativity of Mother.	No. of Pregnancy.	Age.	Presentation.	Position and Variety.	Hours in attendance.	Sex of child.	Length of Cord.	Secundines.	Remarks.	Dead.	Living.
191	U. S.	1	...	Vertex	1st P. 1st V.	7 h.	M	25	2 "			L
192	England	2	19	do	1 1	50 m.	M	19	3 "	R		L
193	U. S.	4	26	do	1 1	4¾h.	F	24	2 "			L
194	England	5	30	do			M	27¼	3 "			L
195	do	1	...				M	18				L
196	Ireland	6	27	Vertex	1 1	1¼h.	M	39¾				L
197	England	4	24	do	1 1	6 h. 25 m	M	25	5 "			L
198	do	3	28	do	1 1	1 h.	F	20⅝	5 "			L
199	Ireland	1	25	do	1 1	4¼h.	M	30	3 "			L
200	U. S.	4	25	do	1 1	3 h.	F	31¼	5 "			L

The average length of the umbilical cord in the 89 cases, reported this year, is - - 26·665 inches.
Ditto. in 73 cases last year, - 23·859 "

The average length in 162 cases, is - - - - - - - 25·4 "

97 out of 102 children born were vertex presentations.

There was one case of twins—both vertex presentations.

There was one face presentation.

There were four breech presentations, all in primiparous cases.

There were 75 positions of first position, first variety, *i. e.* left occipito iliac anterior.

There were 4 positions of second position, first variety, right occipito iliac anterior.

All the breech cases were of the latter position.

There were three cases of the second position, third variety, right occipito iliac posterior.

There was one case of first position, third variety, left occipito iliac posterior.

There were fifteen cases where presentation and position were not determined, owing to the child being born before my arrival, or premature.

The shortest umbilical cord this year measured 16 inches; and the longest 41½ inches.

Remarks.—Case 102. Mrs. H. Met Dr. E. A. Osborne in consultation, who had been in attendance since 8 o'clock the evening previous, the woman having been in labor most of the day, with midwife officiating. There was prolapsus of the cord, of which the pulsation had ceased before my arrival; os uteri dilated; pain had been severe, but toward morning slackened; presentation vertex, 2d position, 1st variety. Concluded to apply forceps, but the descent was slow and difficult. At the end of about an hour, the patient having become cold and exhausted, we removed the forceps, and immediately afterwards the patient went into a convulsion which lasted several minutes, whereupon we re-applied the forceps, and by using much force effected delivery at 7½ o'clock; no return of convulsion. There was perfect inability to move the limbs for several days afterwards, and paralysis of the bladder.

Case 110. Mrs. R. Child had a double hare lip, involving the entire hard palate.

Case 113. Mrs. L. Presentation was vertex with both hands—position not fixed—a fœtus of five months.

Case 115. Mrs. S. Called at 8½ A. M. Membranes ruptured, and cord prolapsed and pulseless. About midnight, the child being dead, and the mother impatient, applied forceps, and delivered in ten or 15 minutes.

Case 116. Miss P. Called at 7½ A. M.; had been in labor since 3 A. M.; pains severe. Presentation breech, pos. right, sacro-iliac—anterior. The face of the child in correspondence with the anterior abdominal wall of the mother; the right buttock turned a little to the

left; penis of the child was directed towards the symphisis pubis, a little to the left. As the breech descended, the right hip became more and more anterior, until at the time of emergence, it stood right sacro iliac transverse. The right, or anterior hip emerged first, the other immediately following. As the case proceeded, the anterior plane of the child became more and more directed toward the left side of the mother, so that when the shoulders passed out, the right arm of the child was directed to the left groin of the mother; the face turned into the hollow of the sacrum from right to left. Some delay in the delivery of the head. Child living.

Case 119. Mrs. P. had considerable anasarca—was affected some days after confinement with puerperal mania, or perhaps hysteria, simulating it; also a bad cough.

Case 120. Mrs. W. Presentation vertex, 1st position, 3d variety. Descent pretty easy, until the vertex reached the perineum, when the resistance was considerable. Fæces discharged, and delay greater than in former labors. The face passed beneath the right ramus of the pubis, a little to the right of the symphysis.

Case 124. Mrs. L. Summoned at 6½ P. M. Had been in labor nearly all day, with midwife in attendance; os nearly dilated; membranes ruptured, with cord prolapsed and pulseless. Birth, 3½ o'clock. Child dead.

Case 125. Mrs. D. Summoned at 11 P. M. Had had slight pains for two days previous. Pains moderate till 4 A. M.—when I found there had been a slight descent, the soft parts well dilated. She complained bitterly of pain, and begged for chloroform. After much entreaty gave her about ʒij with very happy effect in lessening sensibility and facilitating descent; labor being completed in about 30 minutes. I rarely witnessed so rapid progress. Dr. Coles attended Mrs. D. in her previous confinement, and noticed how speedily the labor was completed after administering chloroform.

Case 126. Mrs. R. S., native of England, residing in Newark, aged 32, carrying her first child, was seized on Friday evening, January 14th, with convulsions, and I was sent for. I had seen her two or three weeks before, and had directed some means designed to relieve pains in the head, epigastrium, and lower limbs, of which she complained; also a troublesome sickness of the stomach, and a sense of weakness. She was, however, able to prosecute her business which was sketching on glass. The next evening, (Jan. 15th,) she had another paroxysm; coming on suddenly, while she was sitting in a chair, and falling to the floor, one foot unperceived, lay for some moments in contact with the stove, and was severely burned. From the 15th to 25th, she had no further paroxysms, but acted strangely. From the 6th to 11th of February she had numerous paroxysms, very violent and marked by all the characteristic signs of eclampsia and epilepsy, such as the suddenness of the seizure, entire loss of consciousness, violently contorted features, becoming purplish and congested; bitten tongue; foaming at the mouth, stupor and sleep. From this time to the 24th. Feb. 7th she had one or more paroxysms every day, and during the intervals was affected with delirium, simulating somewhat delirium tremens, having visual illusions, &c. On the 24th the paroxysms took place regularly every hour up to the time the child was born, which was on the 25th, about 24 hours afterwards. After the birth of the child full consciousness was not restored short of two weeks, though the convulsions ceased. The child weighed at birth 4½ lbs., being premature, a male of 6½ months fœtal life, and lived 8 days. Large abscesses formed in the scalp of the mother, which were lanced and discharged copiously. Her sight and hearing were more or less affected for a considerable period; indeed the latter remains to this day somewhat impaired. The whole case certainly was remarkable. The convulsions, according to all appearances, were decidedly puerperal, and yet, it would seem at times, as if there were a hysterical element mixed up with the case. Considering the number of the paroxysms, their long continuance, and their great violence, it must be regarded as surprising, the mother did not sink under them

and that the infant was not only born alive, but that notwithstanding its immaturity, it survived eight days. With regard to treatment, it was less sanguinary than is usual in such cases; we having been led to infer from experience in other cases, that excessive blood letting was, to say the least, unnecessary; and being in the present instance restrained by the pale and bloodless look of the patient, which existed from the first, as well by the consideration that it was important to husband the strength. Leeches to the temples, blisters to the back of the neck, sinapized foot baths, cathartics, also chloroform, antispasmodics and narcotics were the chief remedies used.

Case 150. Madame B. Labor began about 8½ P. M., with a little hæmorrhage; os dilated but pains slight and head high up—presentation vertex, 1st position, 1st variety; at 12 pains became quite severe. Birth of first child at 2 o'clock, precisely. Second child, (presentation vertex, 3d position, 3d variety; born ten minutes after 2 o'clock. The mother besides having given birth to 12 living children, had had 5 miscarriages; all being girls.

Case 189. Mrs. G. Notified at 4 40 P. M.; had been in labor since 2 A. M; os uteri fully dilated; membranes entire—presentation face. Position at first, 1st position, 2d variety, changing to 1st position, 1st variety. Labor advanced rapidly, chin emerged first, under the ramus of the right os pubis, and the rest of the face shortly after.

Case 192. Notified at 5 P. M., (pains during day,) membranes entire. Head in excavation—child born at 5·50 P. M. Mother said it was a seven months child, and appearances indicate the same—it lived.

Illustrations of Hospital Practice.

WILLS (OPHTHALMIC) HOSPITAL.

Service of DR. LITTELL.

(Reported by Ch. E. Hackley, M.D.)

Wm. F.—*Traumatic Cataract* of the right eye, with adhesion of the iris to the capsule. The posterior needle operation was performed, the adhesion removed, and the lens (which was quite soft) fairly divided "in situ."

J. S.—This was an operation performed the second time, after an interval of six or seven weeks. The lens, in its central part, was too hard to admit of division without displacement; but parts of its anterior surface were pared away, so as to diminish its thickness and place it in a condition more favorable for absorption. Another operation will probably be required for the full accomplishment of this process.

P. G.—*Entropium of the lower lid of both eyes.*—In the right, a transverse excision was made by the scissors, of a portion of the skin and subjacent fibres of the orbicularis, near the tarsal margin; and at right angles to this another piece was removed, about half an inch in length, so that when the divided edges were drawn by sutures into apposition, the wound had the appearance of the letter T. The result was the complete removal of the irritation and deformity. In the left eye, a transverse excision of the skin was all that was deemed necessary.

Several operations for strabismus were performed on persons differing in age from two years to twenty, but, beyond their successful issue, presenting no features requiring particular notice.

L. P., U. S., æt. 67.—*Hard Cataract in the left eye*, and incipient cataract gradually increasing in the right eye. The health of the patient being good and circumstances favoring, it was determined to *extract* the lens from the left eye.

The operation was performed by Dr. Wm. Hunt, section of the cornea being made with Beer's knife, upward. The aqueous humor escaping *after* the section of the cornea, the iris did not come in contact with the knife. A needle was then introduced to divide the capsule, and slight pressure made on the ball of the eye from below, to force out the lens. As this was attended with some difficulty, a delicate hook was inserted through the corneal wound into the cataract extracted without the slightest injury to the iris or other structures. The pupil being allowed to contract some to keep the iris from the wound, the lid was gently closed and retained in position by means of the Donna Maria gauze and collodion. The operation having been performed secundem artem, it is hoped and expected that the results will be favorable.

Rebecca McC., aged 40, had always enjoyed the best of health until August, 1859, when she had a violent attack of general ophthalmia in the left eye, which lasted two weeks. When she applied at the hospital for admittance, all pain had vanished, but the sight was very much weakened. She remained in the house until December, not having experienced any benefit; during which time she had slight pains in the eye. About this time a protruson of the ves-

sels of the choroid made its appearance; soon general choroid staphyloma of the entire lower half of the globe was apparent; and about the end of December intense pain in the ball set in, and for two months she had no cessation of pain. The right eye commenced about this time to fail gradually, and latterly she had not been able to read, sew, or exercise it for any length of time. The staphyloma in the left eye was steadily increasing up to the time she applied to Dr. Morton for relief. All sight was gone, and occasional pains were experienced; there was also much deformity; and, in order to save, if possible, the right eye, which was sympathetically affected, Dr. Morton advised extirpation of the globe, which operation he performed June 14th. The four recti muscles were first divided, then the superior and inferior oblique, and with blunt, curved scissors the optic nerve cut across. There was very little hæmorrhage, and, on the twelfth day after the operation, she was discharged well.

The appendages of the eye which were allowed to remain, have formed a good stump upon which she can wear an artificial eye.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

Clinic of Prof. Parker.—Conducted by Prof. Markoe.

June 26th, 1860.

Remarkable Case of Dry Gangrene.—This patient, gentlemen, is a young man, æt. 25, by occupation a carpenter, who, though of a good constitution and healthy parents, presents a somewhat anæmic and care-worn appearance, resulting from frequent attacks of intermittent fever, followed by typhoid fever, from which latter he had hardly recovered, when he became affected with what he terms "the new fashioned sore throat." From the history which he gives of it, it is presumed that it was diphtheritic in its character. He now presents himself to the clinic with the fingers and thumb of the left hand in a gangrenous condition, the mortification extending a short distance beyond the first phalanx in each finger. The patient is unable to ascribe the disease to any distinct cause, but declares that his hand has never felt perfectly natural since it was frost-bitten sometime last winter. No distinct disease manifested itself, however, until some seven or eight weeks ago, when he was seized with an acute pain in the palm of the hand, which gradually extended itself up the fore-arm. Upon the cessation of the pain, he noticed that the end of the index finger was beginning to grow black, while, at the same time, sensation and warmth disappeared. Not long afterward the remaining fingers and thumb became similarly affected.

Upon looking over the interesting history of this somewhat rare case, we meet with but little difficulty in forming our diagnosis. The case is one of dry gangrene. We see before us a somewhat spare, though otherwise seemingly healthy man, who has, for the greater part of the last two years, been leading the life of an invalid; having suffered from frequent attacks of fever and ague, and subsequently from typhoid fever. Again, he informs us that several times last winter he was exposed to severe cold, which probably produced frost-bite in the affected hand. Since that time he has never had a proper circulation in his fingers. That condition of things remained until some six or seven weeks ago, when a new set of symptoms occurred, resulting finally in the well marked gangrenous condition which we now see.

There are two forms of this affection: one which is dependent upon a deficient condition of the *capillaries* supplying the part, occurring at those points farthest removed from the centre of circulation. We have another form of the disease, which arises from a deficient condition of the *large vessels* supplying the part. It is very important that we should distinguish between these two forms; important in regard to prognosis, important in regard to practice. In old, debilitated or enfeebled people—in persons suffering from the effects of spurred rye—the capillaries are liable to partake of the general condition of the system; they become enfeebled, and seem to die from actual want of tonicity. In these cases of capillary enfeeblement, the terminations of the extremities are the parts which are most likely to become affected, and, as a general rule, the toes, and not the fingers, suffer from the disease. Again, we may have an inflammatory form of the disease, in which the capillaries are alone implicated, dependent, usually, upon some local cause.

The other form of this disease occurs in younger persons—in those who have been affected with acute disease; or it may have a traumatic origin. In these cases the action is quite different from that of the capillary form. Suppose, for instance, that from fever and ague, typhoid fever, or impaired action of some sort, an *arteritis* is set up, by which the arteries leading to the hand become blocked up; this will go on, gradually creeping up the arm, until the remainder of the main arterial tube is so completely blocked up that the circulation of the part has to be carried on mainly, if not entirely, by the anastomotic branches. This is what has occurred in this case, and as a consequence the fingers have died—the circulation in them has come to an end. The question now comes up, what will be the ultimate result of all this? It may be that this action of mortification and decay will extend till it reaches the point

where the obstruction exists; or it may be that, from enlargement of the anastomotic branches, a line of demarcation will be formed below the point of obstruction of the main arterial branch. In this case, although we find pulsation obliterated as high up as the axilla, only the ends of the fingers and that of the thumb are as yet involved in the destructive process, and the question suggests itself—can nothing be done in the way of an operation? I should say, decidedly. no. Suppose I should cut off the ends of these fingers, the disease, still remaining *above*, would almost certainly cause the mortification of the stumps. The true plan is to treat the arteritis itself, and patiently wait until a line of demarcation is so perfectly formed that there can be no doubt whatever that the process of death has ceased, and has no longer a tendency to spread. We are sometimes misled in these cases, and resort to amputation too early; but when the line of demarcation is well formed, and we are satisfied that there is no further disease above, we may then proceed at once to amputate, and if the patient's general condition is good, a cure will be accomplished.

It will be seen, then, that the treatment of these cases is eminently expectant. I should advise but little to what has already been done in this case, unless it be the application of a small blister along the track of the artery near the axilla, to check, if possible, the further spread of the disease in the main trunk.

Epithelial Cancer.—This patient is a man of about 40 years of age, who, with the exception of this warty-like growth upon the central portion of the lower lip, presents every appearance of excellent health.

It is chiefly in this form of cancer that something can be done in the way of treatment before condemning it at once to the knife. The internal use of the arsenical preparations has a most excellent effect upon this disease, frequently acting so favorably as to dissipate it entirely. I should recommend, therefore, this man to have four drops of Fowler's solution, given upon a full stomach twice a day for a short time, and afterwards to increase up to three times a day, and continue this for a month or two. We may also derive some benefit from the external use of arsenic in combination with calomel. The preparation usually employed consists of one part of arsenious acid to one hundred and ninety-nine of calomel. This forms the powder of Dupuytren, and is a favorite remedy in the Parisian hospital. This combination does not appear to act as an escharotic, but merely as an alterative to the diseased surface. It should be applied once a day, after the part has been moistened with warm water. By this course of treatment the disease may be eradicated in the space of a month or two. If this should not take place, it would be advisable to remove it by the knife.

Several other cases were exhibited to the class, but none of sufficient interest to demand any extended notice. GOTHAM.

EDITORIAL DEPARTMENT.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JULY 7, 1860.

REFORMS IN MEDICAL EDUCATION.

In discussing this subject we can very naturally divide it into three parts. First—regarding the student who is to be educated; secondly—the science in which he is to be educated; and thirdly—the teacher who is to educate him. In each of these points, our present system of medical education presents deficiencies, demands reforms, and to each apply the resolutions presented and adopted at the late session of the American Medical Association.

Regarding the first point—and to this our remarks to-day will be limited—fundamental questions are involved, and any reform to be brought about, must, from the very nature of the case, be radical. We know this word "radical" is disliked in many quarters, yet we can no better designate the changes which are to be brought about, and which have received the sanction of the American Medical Association, than by this term. They are radical! Why then not say so? They will, if carried out, lead ultimately to a complete and perfect change of the present system; we are performing not more than our duty, when we call this thing by its right name. Besides, in medicine, the term "radical" need not be looked upon as so very offensive. The history of medicine is but the history of the most radical changes; of all sciences, it is the least conservative, and the most progressive. Is it reasonable to expect medical education to become fossilized in old forms, when every day witnesses the evolution of a thousand new facts from their crysalis into independent life? Is

it reasonable to expect coming generations to tread the same old beaten track, when the only progress that has ever been made, has been by striking new paths?

But to the point. Shall the admission of young men into the ranks of students of medicine be restricted? This is the practical question. We care not what may be said to the contrary, wise men may show us the printed charters of medical colleges to convict us of an error. We affirm boldly that there is no young man, who has got it into his head that he is destined to become a physician, however deficient his elementary knowledge, not to speak of general scientific and classic attainments, but will find some precepter in good standing to take him into his office, and some college, called regular, in which he can matriculate and from which he can obtain a diploma. If it were necessary at all to argue this point, case upon case might be brought forward in substantiation. We know very well that the great mass of medical students at the present day are possessed of an excellent preparatory education; and we are not at all disposed to join the cry of many who wail and lament, refusing to be comforted, over the scientific status of the rising generation. On the other hand, in reference to the subject of a *classic* education, let it be remembered that in the last fifty years we have actually become five hundred or a thousand years farther removed from the silver age, when we consider the moral effect of what has passed within that time. A man to-day lives *more* in one year than formerly in five. There is no room for much classics in these days. The iron horse has taken the lustre off the famous wooden horse of Troy, and the telegraph wires speak with voice as loud and eloquent as once Cicero or Demosthenes, of the progress of mankind. The indifference towards classic studies, so obvious in our time, has its natural causes. The human mind is limited. To a certain extent the law in physics, that two things cannot occupy the same place at the same time, applies to it. Natural sciences have grown up and taken the lead. Something must make room for them. As the individual who devotes all his time and his energy to the study of chemistry, for instance, cannot be expected to become a critical classical scholar, or if he has been will soon lose much of his former knowledge; so with the mind of mankind. We might as well lament over the disappearance of the good old traveling coach, as over the gradual downfall and decay of classic studies.

With these remarks, on the one hand knowing that the great mass of the medical students of this day have enjoyed and profited by the opportunities of a good preliminary education, and on the other hand considering the downfall of the old fashioned classic education as natural, and as an evident sign of progress in other directions, we cannot be accused of laying too severe a critical measure upon the present system of medical education. Yet we are neither writing a panegyric on the former nor the epitaph of the latter, but a review of facts; and the lamentable truth cannot be dedied, that the present system of medical education has caused, or, if the term is preferred, has allowed, the admission into our profession of men whose ignorance has cast a dark shadow upon themselves and their brethren, and who, lacking every higher and nobler ambition, have degraded the most liberal of the liberal professions down to a mercenary trade.

The radical change to which we have alluded is, that the indiscriminate admission of young men into the ranks of the profession as students be restricted. Sooner or later, this reform must be carried out. There is, we believe, not *one literary* college in the land, which does not require a preliminary examination. Yet any one who can write his name and the name of his preceptor, though ignorant to the last degree, may enter the temple of our most noble science. It is time that guards should be placed at its very threshhold.

But a few words need we say about the manner of restriction. The discriminating power should be vested in the State and District Societies. No student should be allowed to matriculate who cannot present certificates of recommendation from the Board of Censors of the District in which he lives. Where such

societies do not exist, special censors appointed by the State Society of the respective States in which colleges are located, should be ready at given times to examine candidates for admission. The requirements necessary for admission should be decided by the American Medical Association, and the Boards of Examiners be guided thereby. A distinction between graduates of literary institutions and others should not be made in these examinations for admission. The diploma from a literary college is frequently no more a sign that its holder really possesses literary or classic attainments, than a medical diploma shows that its holder really deserved it. Let there be strict equality—every one on his own merits. Again, without saying anything against a so-called *classic* education, we would urge the study of *living* languages as important in the preparatory curriculum. If it is a profitable pleasure to crack a joke with Horace, to listen to the powerful invective of Cicero, or to be moved by the sweet pathos of Homeric songs, the study of German and French is not the less profitable and pleasurable to the medical student and the physician. It is a fine thing to read Hippocrates and Celsus in the original, yet it is as pleasing, perhaps more so, to do the same with Virchow and Bernard.

Lastly. A proper restriction, an examination to determine the intellectual and moral capacity of the candidate, how much expectation disappointed and hope blasted would it not present! Alas, how many young men have thoughtlessly entered the open portals of our profession, when but too late they found that they were never made to be physicians! Their money spent, their friends disappointed, their self-reliance gone and hopes blown to the winds, they had the alternative of dragging on a weary, weary existence, practicing mechanically an art which they had not mastered and did not like, cursing it and their fate, or to leave it, regretting the time they had lost in it. Their name is legion. Would they not have blessed their fate in days long after, had some guardsmen stood at those portals and forbidden their entrance!

COMPENSATION FOR POST MORTEM EXAMINATIONS.

We call the attention of our readers, especially those in Newark, N. J., to the letter of Dr. Atlee, published in another column of the REPORTER. The case to which our esteemed correspondent alludes, is one of importance, as it establishes by *precedent* (the great sheet-anchor of our brethren of the bar) the true legal aspect of the case.

The following is the decision of Judge Lewis, to which Dr. Atlee refers.

Opinion of the Hon. Judge Lewis:

"This is an action to recover compensation for professional services rendered by the plaintiff, as a physician, at the request of the coroner, upon a *post-mortem examination.* It is the duty of the coroner, in cases of sudden death, or where any are slain, to hold an inquest, *super visum corporis*, to inquire into the cause of death, "by the mark on the neck, or by a mark on any of the limbs, or *by any hurt found on the body.*" 4 Ed. 1. The statute of Edward the IV, regulating the duties of the coroner, in this respect, is in affirmance of the common law, one of the great advantages of which is, its constant adaptation to the progress of business, the advanced state of the sciences, and the habits of the people. In this enlightened age, a coroner who would undertake to consign to the grave, the body over which he had held an inquest, without availing himself of the lights which the medical science has placed at his disposal, would be regarded as unfit for the office, and unworthy the age in which he lives. A thorough examination, aided by the highest professional skill within reach, is absolutely necessary to the administration of justice. Without such examination, groundless suspicions may be entertained, and prosecutions commenced, at once cruel to the objects of them, expensive to the county, and wasteful of the time and talents of all persons engaged in them. But this is not all. Without a thorough examination of the body, and a complete demonstration, from the evidence thus in the power of the commonwealth, that the death was caused by violence, the guilty agent cannot be convicted. When, from ignorance in the examination of the body, the cause of death is left in doubt, the accused will, in general, escape the just punishment due to his crime; because in all cases of doubt, he has a right, under the law, to demand an acquittal. Thus, the guilty are again let loose upon society, and the public is deprived of that protection which the laws were intended to provide. There can be no doubt of the duty of the coroner to require such aid as was given in this case; and it seems equally clear that his powers are commensurate with his duties.

It is true that medical witnesses may be called upon to give evidence of any *facts* within their knowledge, and also of the *opinions* which their researches and experience have enabled them to form on questions of science pertinent to the case. But they cannot be compelled to devote their time and talents, without compensation, to the unpleasant

duties of a *post-mortem examination*—to assume the responsibilities of an investigation, upon which the life of a fellow being may depend—and to encounter the painful ordeal of a thorough cross-examination, generally conducted by gentlemen of science an courtesy, but sometimes by individuals not remarkable for either.

Even where nothing further is asked of the medical practitioner than his attendance as a witness, his case is one of peculiar hardship. His business is of a character which requires the employment of his own skill and judgment. It is in these alone that his patients confide, and no deputy or substitute can supply these qualities. To him the ordinary fee of a witness is a very insufficient compensation. "The same policy which exempts medical practitioners from attendance on other public duties may suggest the propriety of allowing them some adequate indemnity when their assistance becomes indispensable; and this not only for their private and immediate advantage, but ultimately for the public benefit; for, if properly remunerated for their attendance, practitioners of a superior class would not be unwilling to devote some portion of their time to the assistance of public justice: whereas, under the existing system, it is notorious that all who can will avoid the burden; and the duty, therefore, devolves on those who are least competent to its execution; this evil is particularly apparent on coroners' inquests, where the opinion of a shop boy has often been allowed to determine a qnestion *in limine*, which properly investigated, might have required the first science to obtain a satisfactory result." 1 Par. & Fonbl. Med. Jur. 157.

As attendance is more burdensome on a professional man than on others, so also it is more frequently called for. Other men are only called to testify to *facts* within their knowledge. The professional man is called upon for his *opinions*. Those, therefore, who stand highest in public estimation, and whose time is most valuable to themselves and their patients, are the most frequently called to discharge these uprofitable duties. A consideration of these circumstances, has doubtless led to the practice in England of allowing medical witnesses more than the usual witness fees, as a compensation for the loss of time. Willis *v.* Peckham, 4 Moore; Severn *v.* Olive, Mich. Term, 1821, C. B. Two guineas per day is the usual allowance to medical witnesses in England, "but no allowanee is made for the time spent in making chemical experiments, *for the purpose of perfecting themselves in the science which they profess*, because it is alleged that they ought not to *acquire their knowledge at the expense of the parties*." Ap. to 3 Paris & Forb. p 203; Severn *v.* Olive. How far they should be allowed for the time spent in the application of that knowledge to the particular case under investigation is a question entirely different. The principle by which they are compensated for their loss of time as witnesses, and considerations of policy and justice, sanction an allowance for the loss of time spent in a *post mortem* examination.

This expence is a necessary incident to the administration of justice for the county. The coroner of the county is charged with the duty of holding the inquest, and has, as an incident to his authority in this respect, the power to summon such aid as the purposes of justice may require. In doing so, he acts not in his individual capacity, but in his official character as the officer of the county. "The power to order, implies the promise to pay." Commissioners *v.* Hall, 7 Watts, 291. It is upon this principle that the county is liable for the contingent expenses of the court—for the fire-wood, candles, &c. consumed in the court house—for the expenses of keeping a jury together at a hotel when ordered by the court, as is usual in capital cases—as for the expenses of medical services ordered by the court for a juror suddenly ill. 7 Watts, 291.

The plaintiff is, therefore, entitled to recover in this action, such a sum as the jury shall deem a reasonable compensation for his services.

ELLIS LEWIS.

Nov. 28th, 1844.

The jury rendered a verdict in favor of the plaintiff for the whole amount of his claim.

Now, after the great international prize fight has been decided, and, instead of one, the admiring world can boast of two champions bearing her name, it may not be unbecoming to say a few words on another kind of prize fighting, which seems to have escaped entirely the attention of our critics.

Literary prize fighting is one of the growing and evil passions of the day. Its devotees are men of high standing and low; of honor and meanness. Gentlemen and rowdies alike enter its ring. In literary prize fighting, however, strongly contrasting in this respect with the prize ring, no code of battle, no rules of fairness, seem to be acknowledged. Such a thing as a foul blow is not known in the literary prize fighting of our day. Lies, calumnies, misrepresentations, form the weapons, and he who handles them best, and quickest, will be cheered as the great champion. The literary prize fighters are found all over the continent; they outnumber those of the fistian sign by thousands. They are often disgusting cowards, never attacking an enemy except in the rear, and in large gangs.

It is curious, that, while there is but one cry of abhorrence toward the late brutal exhibition of the prize ring, there is utter silence in respect to the literary prize fighting, often a thousand times more disgusting, which is constantly going on before our eyes in general, scientific, and even medical literature. We can explain it in no other way than by

supposing that the refinement of our age and civilization has shifted the brutality, in the nature of man, from his muscles to his nerves; tongue and pen had taken the place of fist and lance. Yet with these he will fight as hard as the knights five hundred years since at their tournaments. "It is the *form* that changes, not the substance."

Correspondence.

To the Editors of the Medical and Surgical Reporter.

GENTLEMEN:—In the Reporter of June 30th, 1860, you refer to the circumstance of a Coroner's inquest, in Essex County, New Jersey, where Drs. Cross and Grant very properly declined their services in making a post-mortem examination. Had these gentlemen, however, undertaken the work they could have recovered by law a proper compensation, notwithstanding the parsimonious action of the Board of Freeholders. The legal principle on this questirn was decided by the Hon. Judge Ellis Lewis, sixteen years ago in Lancaster County. Having made an autopsy October, 1843, at the request of the Coroner, I presented a reasonable bill to the commissioners. In their desire to curtail expenses they ordered a less amount to be paid, but as this was not an adequate remuneration for the services rendered, I requested a reconsideration. This was granted, but without a different result. The amount they offered was given merely as a favor, as the law, in their opinion, did not authorize them to pay anything. In order to test the rights of the profession, I instituted suit against the Board for the whole amount of the claim. The jury gave it in my favor. The opinion of Judge Lewis was clear and pointed, and may be read in the American Journal of Medical Sciences, Volume XII, p. 538. I believe this is the first time this principle has been judicially settled.

Immediately on the refusal of the Commissioners to pay a proper fee, I secured the signatures of the physicians of Lancaster to a paper agreeing to make no post mortem examination for the Coroner under a fee of twenty dollars to each physician. This, I believe, has been maintained in Lancaster County ever since, and as an autopsy sometimes requires the presence of more than one physician, a single examination has cost the county as high as forty and sixty dollars.

With the view of encouraging the Essex County Physicians to maintain their position, and also of calling attention to the legal decision of this question, I communicate these facts.

Very respectfully, yours,

WASHINGTON L. ATLEE,

Philad'a, July 2, 1860. 1408 Arch Street.

Items and Miscellany.

Vaccine Regulations.—The new ordinance in relation to vaccine physicians, recently adopted in this city, introduces some useful changes into that part of our sanitary system. By it, the Board of Health, instead of Councils, are to appoint such physicians, one for each ward, and to supervise them also, a duty at present discharged by nobody. The physicians themselves are to hold their office for one year, unless removed by the Board of Health; are to vaccinate every person applying, and to keep on hand and furnish gratis to all physicians who wish it, a supply of vaccine matter. Their salary, instead of a fixed sum, is to be fifty cents for each case successfully vaccinated, but is not to exceed fifteen dollars per quarter. The ordinance contains many minor provisions in relation to the mode of performing their duties, the reports to be made to the Board of Health, a summary of which is to be published, and the appointment and duties of the collectors of vaccine cases.

Philadelphia Hospital.—At the annual meeting of the Medical Board of this institution, Dr. S. D. Gross was elected President, and Dr. J. L. Ludlow, Secretary.

Board of Health of Philadelphia.—Dr. Paul B. Goddard has been elected President, and Dr. James McCrea, Secretary.

Insects Insensible to Pain.—A work has just been issued on British insects, in which the author expresses the belief that insects do not feel pain. He states that when insects are mutilated in such a manner as would cause the death of vertebrate animals, they afterwards perform all the functions of life—eating, drinking, &c.—with the evident power of enjoyment.

Answers to Correspondents.

COMMUNICATIONS RECEIVED.—*Delaware*, Dr. James A. Hopkins—*Mississippi*, Dr. Rob. E. Richardson, [with encl.]—*New Jersey*, Dr. J. S. Cohen, (2)—*Pennsylvania*, Dr. G. J. Groom, Dr. Daniel Holmes, [with encl.,] Dr. W. D. Hill, [with encl.]—*Tennessee*, Dr. F. F. Porter, [with encl.]

Office Payments.—Dr. M. K. Gleason, Mr. J. H. Gotwald. By Mr. Hulme: Drs. G. T. Dare, J. H. Musser, A. M. Miller, Jos. H. Lafevre, D. E. Shirk, J. M. Groff, John K. Hartz, Isaac Winters, John W. Luther, J. B. Stearly, C. Weidler, G. B. Hartman, Benj. S. Kendig, A. W. Roher, John Ream, G. J. Bowman, J. M. Dunlap, A. Sheller, Sebastian Keller, P. M. Ziegler, David Mellinger.

COLLEGE OF PHYSICIANS AND SURGEONS,

CORNER 23D STREET AND FOURTH AVENUE,

NEW YORK.

FIFTY-FOURTH SESSION 1860–'61

EDWARD DELAFIELD, M. D., President of the College, and Professor Emeritus of Obstetrics.

ALEXANDER H. STEVENS, M. D., LL.D, Professor Emeritus of Clinical Surgery.

JOHN TORREY, M. D., LL.D., Professor Emeritus of Chemistry and Botany.

JOSEPH MATHER SMITH, M. D., Professor of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.

ALONZO CLARK, M. D., Professor of Pathology and Practical Medicine.

JOHN C. DALTON, JR., M. D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Professor of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOTT, M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy and Curator of the College Museum.

The Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures, $105. Graduation Fee, $25. Demonstrator's Fee, $5. Matriculation Fee, $5.

JOHN C. DALTON, JR., M. D.,
Secretary of the Faculty.

192—3m.

TO PHYSICIANS.

A PHYSICIAN offers for sale his good will and property, consisting of a good dwelling house, with double office attached, and well improved lot, eligibly located, has been the residence of a physician for the last fourteen years.

A physician wishing to secure a pleasant home and good practice in an enterprising, intelligent, moral community, on moderate terms, and easy payments, will address

J. G. L. SHINDELL,
Selinsgrove, Pa.

Or P. S. LEISENRING, M. D.,
Hollidaysburg, Pa. 192—4t

TRUSS

AND

BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

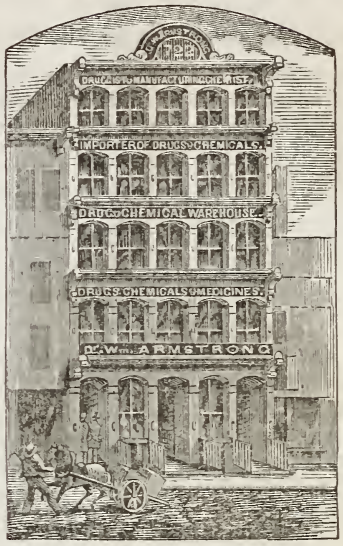
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with above, with flattering results. 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.



Also a General Assortment of Concentrated Medicines, from the Laboratories of MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut	2 to 5	1 50
Alnuin	Res. Rd. Neut	2 to 10	75
Apocynin	Rd. Res. Neut	½ to 3	2 00
Asclepin	Rd. Neut	1 to 5	1 50
Baptisin	Res. Neut	1 to 3	1 00
Barosmin	Res. Neut	1 to 3	2 00
Caulophylin	Rd. Neut	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut	2 to 5	1 25
Chimaphilin	Res. Rd. Neut	2 to 5	1 00
Collinsonin	Res. Neut	2 to 5	2 00
Colocynthin	Rd	½ to 2	2 00
Cornin	Rd Neut	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut	1 to 3	3 00
Cypripedin	Rd. Neut	2 to 4	1 00
Digitalin	Rd. Alk. two Neut	¼ to ½	1 50
Dioscorein	Res. Neut. M. R	2 to 5	1 50
Enonymin	Rd. Alk. Neut	1 to 4	2 00
Enphorbin	Rd. Neut	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk	2 to 5	1 50
Fraserin	Res. Neut. and M. R	2 to 10	1 00
Gelsemin	Rd. Alk. Neut	¼ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd Neut	3 to 8	2 00
Hamamelin	Res. Neut	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut	¼ to ½	2 50
Irisin	Res. Rd. Alk. Neut	1 to 3	1 00
Jalapin	Res	2 to 5	1 50
Juglandin	Rd. Neut	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut	2 to 5	60
Lupulin	Res. Rd. Neut	1 to 4	75
Lycopin	Rd. Neut	1 to 4	1 00
Macrotin	Rd. Alk. Neut	½ to 2	60
Menispermin	Rd Alk. Neut	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut	½ to 3	1 00
Podophyllin	Rd. Alk. Neut	½ to 3	60
Populin	Rd. Neut	2 to 5	50
Prunin	Rd. Neut. Amyg	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to and sent to all parts of the United States, by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Philada.

J. M. MIGEOD,

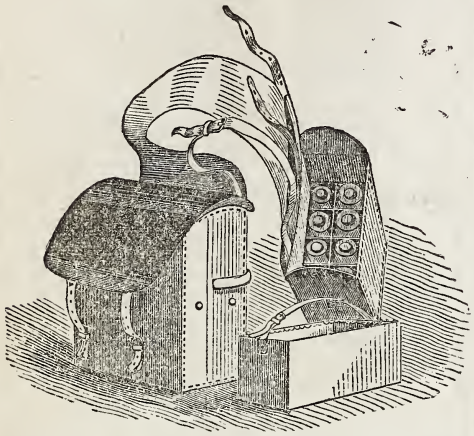
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12	1 oz. Ground Stop. Bottles and			
	12	1½ oz.	"	"	$9 50
No. 2, containing	10	1 oz.	"	" and	
	10	1½ oz.	"	"	8 50
No. 3, containing	8	1 oz.	"	" and	
	8	1½ oz.	"	"	7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24	1 oz. Ground Stop. Bottles,			$10 50
No. 5, "	20	1 oz.	"	"	9 50
No. 6, "	16	1 oz.	"	"	8 50

Pattern with Drawers in Ends.

No. 7, containing	24	1 oz. Ground Stop. Bottles,			$10 50
No. 8, "	20	1 oz.	"	"	9 50
No. 9, "	16	1 oz.	"	"	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27	1 oz. Ground Stop. Bottles,			
" "	18	½ oz.	"	"	
" "	4	Pots,	"	" and	
" "	1	Mortar,	"	"	$19 00
No. 2, containing	21	1 oz. Ground Stop. Bottles,			
" "	14	½ oz.	"	"	
" "	4	Pots,	"	" and	
" "	1	Mortar,	"	"	$15 50
No. 3, containing	18	1 oz. Ground Stop. Bottle			
" "	10	½ oz.	"	" and	
" "	4	Pots,	"	"	$12 00
No. 4, containing	20	1½ oz. Ground Stop. Bottles and			
" "	2	Pots,	"	"	$8 50
No. 5, containing	15	1 oz. Ground Stop. Bottles,			$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9	1½ oz. Ground Stop. Bottles,			
" "	18	1 oz.	"	"	
" "	18	½ oz.	"	"	
" "	4	Pots,	"	" and	
" "	1	Mortar,	"	"	$20 00
No. 2, containing	7	1 1½ oz. Ground Stop. Bottles,			
" "	14	1 oz.	"	"	
" "	14	½ oz.	"	"	
" "	4	Pots,	"	" and	
" "	1	Mortar,	"	"	$16 50
No. 3, containing	14	1 oz. Ground Stop. Bottles,			
" "	14	1½ oz.	"	" and	
" 4	4	Pots,	"	"	$13 00

126 y

Palmer's

PATENT LEG & ARM. STUDIO

1320 LATE 376 CHESTNUT St.

PHILADELPHIA.

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

HUSBAND'S

ISINGLASS ADHESIVE PLASTER.

THIS PLASTER has been found to be admirably adapted to strapping after surgical operations, and as a dressing to either incised or lacerated wounds. It is cleanly, of easy application, adheres firmly *without producing inflammation*, and being semi-transparent, allows of an examination of the parts without their having to be disturbed by its removal, until, in many instances, the cure is effected. This Plaster is not affected by age, and will bear exposure to any climate.

Professor MUTTER, in his late edition of Professor Liston's Lectures on Surgery, &c., remarks that "the Isinglass Plaster, referred to by Mr. Liston, is exceedingly well made by Mr. Husband, of this city; and for some time past I have almost abandoned the use of the old adhesive plaster of the shops, which often, in persons of a delicate skin, or children, produces troublesome irritation."

For sale by the Druggists, and by

T. J. HUSBAND,

173 N. W. Cor. Third and Spruce sts., Philada.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

WANTED.

SEVERAL PERSONS TO TRAVEL AS **AGENTS** TO OBtain subscribers for this Journal. Students or young graduates would find this pleasent and profitable employment, as we allow a liberal percentage for new subscribers, and the exceedingly practical and popular form and low price of the REPORTER, will induce most physicians to subscribe to it if called upon.

None need apply without good recommendations. Address the Editors

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P. . . . $0 37½
Aloes et Assafœt: U. S. P. . 37½
Aloes et Ferri . . . 37½
{ Pulv: Aloes, Socot: ½ gr.
{ " Zingib: Jam: 1 gr.
{ Ferri Sulph: Exsic: 1 gr.
{ Ext: Conii ½ gr.
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
{ Pulv: Aloes Socot:
{ " Sapon: Hispan:
{ " Fruct: Colocynth:
{ " Gambogiæ
{ Oleum Anisi
Anti-bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . 37½
" Comp: (Plummer's) 3 grs. . 37½
{ Calomel
{ Oxysulph Antimony
{ Guaiacum Resin
Calomel et Opii . . . 37½
{ Calomel 2 grs.
{ Opium 1 gr.
Cathart: Comp: U. S. P. . . 37½
Cinchon: Sulph: 1½ grs. . . 50
Cook's, 3 grs. . . . 37½
{ Pulv: Aloes Soc: 1 gr.
{ " Rhei 1 gr.
{ Calomel ½ gr
{ Sapo Hispan: ½ gr.
Colocynthidis Comp: 3 grs. . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . . 37½
Copaibæ et Ext: Cubebæ . . 37½
{ Pil: Copaibæ. 3 grs,
{ Ext: Cubebæ 1 gr.
Copaibæ Comp: . . . 37½
{ Pil: Copaib:
{ Resin Guaiac:
{ Ferri Cit:
{ Ext: Cubeb:
Fel Bovinum, . . . 50
{ Inspisated Oxgall 2 gr.
{ Powd: Jamaica Ginger, 1 gr.
Ferri (Quevenne's) 1 gr. . . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . 37½
Ferri Comp: U. S. P. . . 37½
Ferri Iodid: 1 gr. . . . 50
Ferri Lactat: 1 gr. . . . 37½
Ferri et Strychniæ . . . 62½
{ Strychniæ 1-60 gr.
{ Ferrum per Hydrogen (Quevenne's) 2 gr.

PIL: Ferri Valer: 1 gr. . . . 75
Ferri et Quin: Cit: 1 gr. . . 50
Ferri et Strychniæ Cit: 1 gr. . . 37½
{ Strychnia Cit: 1-50 gr.
{ Ferri Cit: 1 gr
Galbani Comp: U. S. P. . . 37½
Hooper (Female Pills) . . 37½
Hyd argyri, U. S. P. 3 grs. . 37½
Ipecac et Opii, 3½ grs. . . 37½
Pulv: Doveri, U. S. P.
Opiii, U. S. P. 1 gr. . . 37½
Opii et Camphoræ . . . 50
{ Pulv: Opii, 1 gr.
{ Camphoræ, 2 grs.
Opii et Plumbi Acet: . . 37½
{ Pulv: Opii, ½ gr.
{ Plumbi Acct: 1½ grs.
Quiniæ Sulph: 1 gr. . . . 75
Quiniæ Sulph: 2 grs. . . 1 25
Quiniæ Comp: . . . 1 00
{ Quin: Sulph: 1 gr.
{ Ferrum per Hydrogen (Quevenne's) 1 gr.
{ Acid Arsenious 1-60 gr.
Quiniæ et Ext: Belladon: . . 62½
{ Quiniæ Sulph: 1 gr.
{ Ext: Belladon: ½ gr.
Rhei, U. S. P. . . . 37½
Rhei Comp: U. S. P. . . 37½
Scillæ Comp: U. S. P. . . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
{ Pulv: Aloe Scott:
{ Gum: Mastich:
{ Flor: Rosæ
Zinci Valerian: 1 gr. . . 75
GRANULES, Acid: Arsenious, 1-20 gr. . 25
" 1-50 gr. . 25
Aconitia, 1-60 gr. . . . 50
Atropia, 1-60 gr. . . . 50
Corrosive Sublimate, 1-12 gr. . 25
Digitalin, 1-60 gr. . . . 50
Elaterium (Clutterbuck's) 1-10 gr. 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr. . 25
" Nux Vomica, ½ gr. . . 37½
Mercury Iodide, ¼ gr. . . 25
" Red, 1-16 gr. . . 25
Morphia Sulphate, 1-10 gr. . 37½
" " 1-6 gr. . . 50
" Valerianate, ⅛ gr. . . 62½
Quinia Valerianate, ½ gr. . . 1 00
Silver Nitrate, ¼ gr. . . 37½
Strychnia, 1-20 gr. . . 37½
" 1-40 gr. . . 37½
Veratia Sulphate, 1-12 gr. . . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 180, 1y

THE MEDICAL USES OF ELECTRICITY IN THE TREATMENT OF NERVOUS AFFECTIONS—A new and important medical work, now in press, and will be issued in the course of a few days, by Messrs. TICKNOR & FIELDS. This will be a thoroughly systematic work of over 700 pages, and finely illustrated with nearly 100 cuts, showing not only the best "*methods*" for the therapeutical employment of electricity in the various nervous diseases, but also *showing the anatomy of the parts* (nerve-trunks and muscle fibres) liable to be involved; moreover, presenting a concise view and means of diagnosis of the great variety of nervous affections met with in every day practice. This work is from the pen of ALFRED C. GARRATT, M. D., of Boston, who of late years, it is well known, has made this difficult department of medicine his *specialty*. It is addressed to medical students, and is dedicated to Dr. JOHN HOMANS. President of the Massachusetts Medical Society. It is intended for the professional eye. There is no similar work in the English language. 190

A COURSE OF INSTRUCTION IN ANALYTICAL CHEMISTRY, therapeutical and practical, and with the especial view to the wants of the physician, will be commenced early in July. The course will close with the Analysis of Animal Fluids, Blood, Urine, &c.

Applications to be made at the laboratory of

J. M. MAISCH,
800 Arch Street.

Organic and Inorganic Analyses promptly attended to. 190

DENTAL INSTRUMENTS—TEETH.

JOHN KLINE,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, FINDINGS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 188

J. JACOB TEUFEL,

MANUFACTURER OF

SURGICAL AND DENTAL

INSTRUMENTS AND TRUSSES.

103 South Eighth St., 3d door below Chestnut,

PHILADELPHIA.

☞ *A large assortment always on hand.* ☜ 186

Anatomical, Pathological, and Microscopical Preparations.

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS intrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood-cut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILLUSTRAION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION intrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS, M. D.
768 Florida street, Philadelphia

REFERENCES.

JOSEPH PANCOAST, M. D., Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.

D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.

ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.

J. DA COSTA, M. D., Physician to the Episcopal Hospital.

F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital.

Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN,** No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved

RADICAL CURE and other TRUSSES,
FEMALE SUPPORTERS,
SHOULDER BRACES,
ELASTIC STOCKINGS,
SPINAL APPARATUS

For weak and curved spines, and

INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

ARTIFICIAL EYES.

PERSONS wanting ARTIFICIAL EYES can have them made to order, and inserted, without pain, by DR. OSMUN, Oculist, 1619 Chesnut street, Philadelphia.

186

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 195. } PHILADELPHIA, JULY 14, 1860. { NEW SERIES VOL. IV. NO. 15.

ORIGINAL DEPARTMENT.

Communications.

Spontaneous Fracture of the Os Femuris and the Pelvis from Cancerous Deposit—Scirrhus of the Mammary Gland—Death—Autopsy.

By J. A. Cross, M. D.,

Of Newark, N. J.

Mrs. Emma Rodgers, aged 48, English, presented herself at the Newark Dispensary, when that institution was first organized, about the first January, 1858.

Her appearance was somewhat exsanguinated, her muscular development but little below that of females of the nervo-sanguineous temperament, her complexion clear, tongue clean, appetite usually good; she complained much of what she termed rheumatism of her lower extremities, and especially her hips; of frequent diarrhœas, and that her menses appeared at shorter intervals, and were more profuse than natural, and that she was much troubled with leucorrhœa. Her general symptoms were those of a shattered nervous system. She was invariably better on the day of her visit to the Dispensary, than she had been during the interval between her visits; was always in great fear that one or the other complaint would recur before her next visit, and had great desire for medicine.

There was scirrhus of the right mamma, nodulated, occupying about one-third of the gland. It was first discovered about eleven years previous, and had been treated by different physicians, who had repeatedly recommended excision, but the patient declined an operation.

Her symptoms were undoubtedly the constitutional effects of the scirrhus, and she was accordingly treated with tonics and placebos.

She continued much the same till about the middle of May, when the difficulty about her limbs and hips increased, and finally rendered her unable to walk to the Dispensary a few weeks later. She was then lost sight of, till sometime the following November, when, by changing her residence, she became a district patient of mine. She was much prostrated; the disease was slowly consuming her constitution; her nights were sleepless, affording but little rest. The pain and stiffness of her hips and limbs daily increased, till she was almost unable to get about the house. Thus her case continued till about the middle of January, 1859, when, while attempting to cross the floor, her right leg "gave way," (as she expressed it,) and she fell to the floor. She was positive she did not stumble or trip, that she knew no cause for falling, but that her limb snapped and "gave way," and she fell. I am thus particular, to show that it was a spontaneous fracture; that the fracture was the cause of the fall, and not the fall the cause of the fracture.

Accompanied by Dr. Milton Baldwin I called to dress the fracture; the limb was contorted from muscular irritation, and fractured at the upper third of the femur. The right ilium was much lower than its fellow of the opposite side, with much fullness in the right iliac region, while the left was quite depressed, as is usual in persons of so slight muscular and adipose development. It was further discovered, that, by placing one hand upon the os pubis, and the other upon the bony structure

at its articulation with the sacrum, there was lateral motion of the bone between the points where force was applied; also force applied to the tuberosity of the ischium gave motion of the os ischii. Hence fracture of the right pelvis was diagnosed, or in plainer terms it was pronounced "shivered." The bony structure was believed to be so diseased with cancer, that it had fractured like a piece of glass, when the hip struck the floor at the time of the fall. For the comfort of the patient the limb was put loosely upon a straight splint, to prevent muscular irritation and the consequent contortions of the limb, and the rest left to nature.

The general health of the patient continued about the same as before the accident, after the few first days of irritative fever. She was now favored with a voracious appetite, which was indulged to its full extent with the most nutritious food, and I will here take the occasion to state the effect of variation in the nature of diet; her usual food was beef and mutton, with vegetables; change to fish, if but for a day, and she appeared feeble; limiting her to vegetables she would show depression of strength and the powers of life to such a degree, that the nurse remarked we could soon get rid of our charge by withholding animal food.

The splint was removed from the limb after two or three weeks, with no unpleasant effect; at the end of about twelve weeks there was union of the femur. The limb was so thin that the provisional calus could be easily examined and its changes watched. At this time absorption of lymph appeared almost completed, and the small tumor at the fracture seemed bony. She could now move her limb about in bed, by placing the foot of the sound limb under that of the injured one, and thus place it where she desired.

The scirrhus of the breast seemed now to be subjected to serious changes. At times it would grow quite dark and painful; the surface of the nodules would look much inflamed, as though they were about to ulcerate; the glands in the axilla enlarged and became painful to the touch; but in a few days these aggravated symptoms would subside, and the patient seemingly not much the worse for them, till, about the first of June she had a grumous discharge from the nipple, and a few weeks later ulceration of two of the nodules, and at that time complained of severe pain in the fractured hip and limb; her appetite became capricious, her digestion disordered, with eructations and frequent diarrhœas. Thus she continued, tenaciously clinging to life, till the latter part of August. I saw her alive the last time on the 26th. She had an anxious expression of countenance, pulse about one hundred, and had had diorrhœa for two days. I had seen her many times with as marked symptoms of dissolution; but the following day, the 27th, terminated her existence rather suddenly, so much so that the nurse had noted no particular change till she saw her dying.

Post-mortem Examination eighteen hours after death, assisted by Drs. Woodhull and E. P. Nichols. The body was slightly warm, with discoloration of the face and abdomen, with grumous frothy discharge at the mouth and nose.

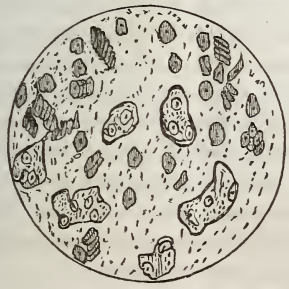
Commenced dissection by making an incision from the crest of the ilium to the middle of the femur, with a lateral incision extending from the pubis, following the crest of the ilium nearly to the spine; amputated the femur below the fracture, divided the pubis at the symphisis, and dissected out what remained of the ilium, ischium, and the head, neck and upper third of the femur. The ilium was so nearly destroyed as to be entirely freed from bony connection with the sacrum. Thus the specimen was obtained without getting into the cavity of the abdomen.

On removing the flesh from the external surface of the ilium, large quantities of a diseased mass gushed through where the bony wall was destroyed, composed of cancerous matter, broken down osseous tissue, and coagula of blood. How extensive may have been this cancerous mass it is impossible to say; for reasons which could not be obviated, it was impossible to follow it up into the cavity of the abdomen to define its limits.

The above cut exhibits the crest of the ilium, with a narrow strip of diseased bone; the entire destruction of the acetabulum, leaving the head of the femur, which is highly diseased, protruding into the cavity of the abdomen, and surrounded by a cancerous mass, and bound to the remaining portion of the ischium by bands of fibrous tissue or false cartilage. The bony union of the femur at the seat of the fracture is imperfect, and contains cancerous deposit.

By the kindness of Dr. Woodhull I am enabled to present you the microscopic appearance of the cancerous deposit both in the hip and mamma. This drawing, which the Doctor carefully prepared, after a well directed and pains-taking examination, puts the nature of each beyond doubt; not only that the mamma is scirrhus and the hip encephaloid, but that we have both forms of disease in the same subject.

[Fig. 1.]



[Fig. 2.]

[Fig. 3.]

[Fig. 4.]

Figures 1 and 2 are representations of a portion taken from the mamma. Figures 3 and 4 are representations of a portion of the cancerous mass deposited within the pelvic cavity.

The scirrhus of twelve years, the encephaloid of unknown, but in all probability of

less than a year's duration, add another instance to the list of proofs of the common parentage of both forms of the disease, strengthening the theory that both diseases are identical in their nature, and differing only in form; the scirrhus of higher organization, approaching nearer the vitality of reparative cell organization, while the encephaloid exhibits a lower and more depraved organization of the reparative cell growth.

Scarlatina and Croup.

By B. Woodward, M. D.

Of Galesburg, Ill.

During the past winter and spring this place has been afflicted with a severe epidemic of scarlatina. As we have no registration law, I have not been able to ascertain the number of deaths; neither can I say what the number of cases has been. If thought worthy of a place in the Reporter, I beg leave to call the attention of your readers to some of the peculiarities of this epidemic, as they have appeared to me. In the early history of the epidemic, almost every case was sudden and violent in its onset; strongly marked congestion of the brain, with angina. In these cases the rash did not show itself well, or was of a livid color. The most of them proved fatal within three days of the attack. After the disease had become general through the town, it assumed more of a typhoid form, the throat affections being severe, and the ulceration malignant in its character. In an epidemic which I saw some years since, I was struck with the erysipelatous character of the disease; in the present epidemic this resemblance has been remarkable. Not only was it manifested in the true scarlatina patients, but those who had had the disease previously, if much in attendance on the sick, were frequently attacked with erysipelas.

In one family, where there were five children sick with scarlatina, the mother was brought to bed with her eleventh child. On the fourth day of her confinement she had an attack of puerperal fever; large erysipelatous spots covered the abdomen, involving the vulva and extending down the insides of the thighs. This erysipelas was the worst feature in her case; and though she ultimately recovered, it was only after a long sickness. This case might have been looked on as only coincident, were it not that several cases of erysipelas occurred among adults taking care of the children sick with scarlatina. In the number of the Reporter for January 21st, you did me the honor of inserting a short article on treatment of scarlatina, in which I urged the use of quinia. Since that time I have been led, by my views of the relationship of scarlatina to erysipelas, not only to the use of quinia, but also to combine the use of the tr. ferri chlor. with the quinia, in as large doses as the patients could bear, and with the best effects. Particularly has this treatment been efficacious in the more malignant and typhoid cases. Both the quinia and tr. ferri chor. have tended to arrest the excessive sloughing of the throat, and correct the depraved condition of the blood. In scarlatina there seems to be a strong tendency to typhoid condition, or rather to that dissolved state of the blood which we find in erysipelas, and unless this is counteracted the patients sink. The nature of the ulceration in scarlatina seems to be almost identical with that form of erysipelas popularly known as "black tongue," and, in some cases, has been nearly as rapidly fatal. During the epidemic, we had several cases of what is called "croup," in those whose throats were badly affected. I have not been able to trace any points of real resemblance between *this croup* and *true croup*, except the sound of the cough and the dyspnœa. In scarlatina and erysipelas there is an aplastic condition tending to sloughing and gangrene, requiring a tonic and sustaining treatment; while in true croup there is a plastic state tending to formation and accumulation of false membrane, and requiring such remedies as will counteract this tendency. Calomel, in large doses, frequently repeated, I find does this more effectually than any other remedy. Antimony is highly praised and recommended by good authorities as a remedy in croup, but I have not found it so effectual as the calomel, and at the same time it is more likely to produce watery stools. In

scarlatina, especially in the more malignant cases, I do not dare to use mercurials, they seeming to produce that state of the system we wish to obviate.

Some three cases of diphtheria, which I have seen during the past year, seem to have characteristics in common with the sore throat of scarlatina and croup. We have the malignant or putrescent form of scarlatina, with the membranous exudation of croup. One of these cases proved fatal; the false membrane was dislodged from the fauces and tonsils, but extended into the bronchia. In true croup, I am not aware that fetor of the breath is ever present, or if it is, only in the last stages.

My limited reading has not informed me that the relationship between erysipelas and scarlatina has ever been alluded to. Perhaps some of your correspondents may be led to give us their views on the subject. Scarlet fever is so fatal a disease that any light which can be thrown upon it will be of great service.

Insufficiency of the Internal Recti Muscles —Tenotomy of the Left External Rectus.

By T. E. Osmun, M. D.

A case of a species of *Hebetudo Visus*, with slight amblyopy, has recently come under my observation, a brief report of which you may, perhaps, deem of sufficient interest to justify its publication in your valuable journal.

Some time ago Jacob H., a robust German, æt. 20, called at my office to consult me about his eyes, which, he said, had been troubling him seriously for the last four or five years. He complained that he could not read or write more than three or four minutes without stopping, and said that using his eyes on near objects caused pain in his left temple, and an unpleasant "pressure" (Drücken) in both sockets.

The general health, appearance and habits of the patient, were anything but such as to make me suspect I had a case of ordinary *Hebetudo* before me.

I tried his vision, and found that he could read ordinary type with the right eye without much difficulty, while, with the left eye, he could scarcely read largest type the size of the letters on the cover of your journal.

This led me to mistrust there was something wrong with the recti muscles, and on examination I found a decided tendency in the left eye to turn outwards when the patient looked steadily for a short time at an object held near him. I diagnosed *insufficiency of the internal recti muscles*, (Insufficienz der Recti interni. Graefe. Störung des Sehermögens in Folgev einer unbedeutenden Verkürzung oder überwiegenden Kraft des äusseren geraden Augenmuskels. Ruete.) and advised the patient to submit to the ordinary operation for divergent strabismus, to which he readily consented; but owing to some business arrangements, he delayed the operation until the 2d day of this month, when I performed it in the usual manner, with very satisfactory results.

The sight of the left eye began immediately to improve, and on the 18th inst., sixteen days after the operation, he was able to read, with the left eye alone, type the size of that you use for the original matter in the Reporter.

The vision of the right eye is improved, but as yet only slightly. Patient experiences comparatively little inconvenience in reading and writing, and the pain in the left temple has disappeared, although he still complains of "pressure" in the sockets.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D.)

Wednesday Evening, March 28.

Dr. Coates presiding.

Subject for Discussion: Diphtheria—continued.

Dr. Remington said: This being an adjourned meeting, for the purpose of continuing the discussion on diphtheria, he would confine himself to the consideration of its nature and treatment, as illustrated by a few cases.

It would appear that diphtheria prevails as an epidemic, and resembles the exanthemata in its character and mode of propagation, and is of various degrees of malignancy, some cases so mild as to require little or no medical treatment, while others have defied the best directed efforts to prevent a fatal termination, especially when it has simulated

croup. Objections have been made to the name *diphtheria*, or *diphtherite*, as not sufficiently descriptive and definite in its meaning, so as to localize the disease. We regard with more favor the term *malignant sore throat—angina*, or *cynanche maligna*. It is doubtless a constitutional affection, dependent on some blood poison. Some practitioners have labored diligently to draw a line of distinction between true *membranous croup* and *diphtheritic croup*. In the latter, the exudation is usually observed on the uvula and tonsils, extending into the pharynx, and involving other mucous surfaces, as the vagina, internal coat of the bladder, external and internal meati of the ear, and nasal passages. The countenance is said to be generally pale in true croup, while a thin, watery discharge issues from the nares in the diphtheritic form. It is affirmed that the stridulous barking peculiar to genuine croup is modified or absent in diphtheria, and that the spasm of the glottis and sense of impending suffocation, amounting to asphyxia in true croup, does not obtain to the same extent in diphtheria; while in croup, there is a strong tendency in the blood to throw off coagulable lymph, attended by a sthenic or inflammatory diathesis, there is in diphtheria an evident prostration of the vital forces, and symptoms indicative of a disorganization or dissolution of the blood, in this respect analogous to scarlet fever, measles, erysipelas, puerperal fever, &c. A large proportion of the cases seen by the speaker scarcely required medical interference, giving way to stimulating pediluvia, a cathartic or emetic. In a family of ten persons of different ages, the disease ran its course in about three weeks, attacking the members at various intervals, some two or three at one time. The youngest was an infant, aged 8 months, and it proved to be a violent attack of croup, which happily yielded to an emetic of syrup. scillæ comp., and a full dose of calomel.

In another case of croup, in a child 3 years old, of diphtheritic character, he resorted to the free application of the solid arg. nitrat, to the fauces and upper portions of the larynx and pharynx, on two days in succession, with most decided advantage, together with syrup. scillæ comp., aided by powders, each consisting of ammon. muriat. gr. iij, calomel, gr. $\frac{1}{4}$, tart. ant., gr. $\frac{1}{8}$, and repeat every two hours; resulted in entire recovery, although the aspect of the case was truly formidable, the disease having acquired force and permanency by mismanagement and exposure in the onset; the family having previously, lost two fine twin boys, aged about 14 months, in the same family, by the infinitesimal treatment. Two older children, in another family, were lost at short intervals, under homœopathic treatment, in which one of the Drs. declared, when catechised by a neighbor, that an emetic in croup was certain death!

Dr. R. could not regard diphtheria as a new disease, and scarcely thought it entitled to that high consideration and importance with which the profession have usually viewed it.

The question has been asked, in what manner is diphtheria related to scarlet fever? Have they any symptoms in common? Most unquestionably they have points of resemblance, both as relates to their pathology and treatment. It is true there is no rash or efflorescence in diphtheria, but there is the sore throat, of varied intensity, the accompanying typhoid fever, the epidemic character attending both diseases. He recollected attending, some years since, a protracted case of malignant scarlatina, of unusual severity, in a highly respectable family, in which nearly every adult member was attacked with violent tonsillitis and ulceration, but without eruption.

He treated this disease on general principles, with warm stimulating pediluvia, especially when ushered in with chilliness—emetics, calomel, saline cathartics—cooling diaphoretics, demulcent drinks, and a restricted diet.

Astringent gargles and argent. nitrat. he found very serviceable, in some cases, as local appliances.

Where there was much prostration, and symptoms of malignancy present, the chlorate of potassa or soda, both as a wash and internally—*quinia and tr. ferri chlorid.*—are highly recommended, although the speaker had not seen any cases requiring their employment.

He had also remarked a strong tendency to the formation of boils in patients recovering, or, indeed, while suffering under an attack of diphtheria. He noticed ulceration of the tonsils in many of the cases.

The bill of mortality for Philadelphia, for last week, gives 11 deaths from scarlet fever, 9 from diphtheria, and 6 from croup. While New York reports 67 deaths from scarlet fever, but no notice is taken of diphtheria or croup in the report. It is stated on good authority, that more than 2,000 cases of diphtheria occurred in Albany last year, attended by 188 deaths. It appears, also, to have prevailed extensively in the city of New York this winter. The number of deaths from that cause we are unable to furnish.

By inquiry among his professional friends, he had ascertained that many of them have not encountered the disease recently; he had been informed by the Visiting Physician of the County Prison, that there had been no cases of diphtheria in that institution.

Dr. DARRACH related a case, giving the history and autopsy as follows:

A. C., aged 3 years and 3 months, was always, with very slight exceptions, in good health, until

the 24th of last March. On the morning of this date he awoke with a slight cold in his head, but at breakfast he was buoyant and with usual appetite; from 8 A. M. to 3 P. M., the bowels moved three times with a yellow lax, which was unusual; nevertheless he ate his dinner. But after a short walk, he, at about 5 P. M. became sick and vomited. At 7 P. M. he was put to bed, and at 10½ P. M. he awoke for drink. This he soon threw off the stomach, and again slept, but his skin became heated, and though he now frequently drank during the rest of the night, the water was retained.

On the 25th, though feverish, he ate his usual breakfast of bread and milk, with appetite, except that he ate only a small portion of the bread. During the day, he was fretful, and lolled about his mother, and toward evening so feverish that the father called upon me for advice. I prescribed a grain of calomel, which freely moved the bowels in the morning, after a restless night.

26th. 9½ A. M., I found the child with a contracted pulse of 123 per m., skin heated and covered with an erythema which flashed back its scarlet color over the spots suddenly pressed upon by the fingers, the conjunctiva of the lower lids of uniform scarlet congestion. At 5 P. M. pulse more contracted, and 144 per m., skin more heated, erythema of deeper scarlet color, and now abundantly sprinkled with areolated and non-areolated papillæ, thereby constituting the eruption that of scarlatina simplex as admirably displayed in Alibert's plate of said exanthems. I gave a favorable prognosis to the parents.

27th. The father at 6 A. M. called upon me in haste and extreme anxiety to pay an early visit, stating that the child was suddenly attacked in the night with suffocation, followed with an extreme aggravation of fever, and had now become unconscious.

I found the child on his back without countenance regardless, retracted upper eye-lid, fixed eye-ball and sightless, with contracted pupil, alæ nasi at rest, lips without venous congestion, and so indeed remarkably the finger and toe nails, the lower jaw rigidly closed, and the upper limbs frequently affected with spells of tetanic spasm, all indicative, apparently, of some fatal disease of the base of the brain, the sensorial and diastatic system being both extremely implicated.

The throat and chest symptoms were peculiar, not those of strangulation, suffocation, or pulmonary dyspnœa, no croupy noise, no trachelismus; but on the contrary, it was without flushing of the face and turgescence of the cervical veins and heaving of the chest. The head and neck were fixedly bent into a curve as in opisthotonus, and the breathing was passively arrested with intended deep inspiration as in pertussis, but without its hooping noise, resembling, rather than this, the noiseless gaspings of the moribund state. The uniform papillated erythema of scarlatina simplex had now given place to irregular patches of venous breadth of a maroon color, with pale finger and toe nails. Whilst observing this cephalic, thoracic, and cervical category of symptoms, there occurred a sudden gust of blood from nose and mouth, which in color so resembled that from the stomach, that I judged it hæmatemesis from hepatic congestion with epidemic primary capillary congestion of the duodenum. Under the notion that the obstructed respiration was owing to the existence of a capillary congestion of the lining membrane of the larynx, which, by its œdema or fibrinous transudation, had closed, or greatly so, the rima glottidis, a blister was applied over the front of the neck which promptly drew and relieved the breathing to so great a degree that anxiety in regard to respiration was much relieved. Nevertheless there was no let up of the sopor, unconsciousness, extreme prostration, tetanic spasm and maroon colored patches of the skin, and extreme contraction and frequency of the pulse, under which the child died at 11¼ A. M., after about seventy hours sickness, of which the first sixty about were those of scarlatina simplex, and the latter those of a supervening novel category.

The autopsy was made at 7 A. M. of the 4th inst., 20 hours after death, in the presence of Drs. Wiltbank, Fricke, and Messrs. Wilson and W. Darrach.

Habitude. The maculæ and papilla still exist, but their maroon color during life has changed to an indellible bright red. The lips are congested, swollen, and of a dark-bluish purple.

Throat, chest and abdomen. A longitudinal incision from chin to pubis, having exposed the base of the jaw, the trachea, lungs, heart, stomach, bowels, liver and urinary bladder, the following special examination was made.

The submaxillary glands were in a normal condition; the integuments and subjacent binding tissues of the throat were without congestion and transudation, and the muscles of the neck were of normal color and well developed.

The heart was contracted and firm, and its contained blood, though dark and thin, was found, under the microscope, to have its corpuscles perfect and in full abundance.

The upper lobe of the left, and upper and middle of the right lung were collapsed, entirely crepitant, and of a pale grey color, and the lower lobes of both lungs were of a pale reddish purple, crepitant, and, when variously sliced, afforded a mere smearing of blood, demonstrating a complete absence of venous congestion, which circumstance, in connection with that of the peculiar dyspnœa during sickness, is

remarkable. The bronchi of both lungs and the trachea and larynx were also found without marked appearance. From the laryngeal surface of the epiglottis to the extreme bronchi, the lining membrane of the air tubes was entirely without capillary congestion. In respect to its laryngeal portion covering the rima glottidis, it presented the ordinary exsanguineous condition of dead laryngeal membrane, with neither fluid nor coagulated transudation, notwithstanding the extreme laryngeal symptoms, which seemed to indicate a lesion of the rima glottidis, and which demanded and were removed by the application of a blister to the throat. And in respect to the laryngeal surface of the epiglottis, its white exsanguineous appearance was in extreme contrast with the uniform maroon capillary congestion of its buccal surface, demonstrating a distinct terminal line of the pharyngeal membrane, at the edge of the epiglottis. This indelible congestion of the anterior surface of the epiglottis is in common with that of the back of the tongue, soft palate, lateral half arches, tonsils and pharynx, which are now more specially to be noticed. The soft palate and lateral half arches and tonsils, were of a pale scarlet, sprinkled sparsely with minute papillæ. But a deeper red, and of a maroon tint, colored the base of the tongue within a defined curved line, anterior to the papillæ magnatæ, and also the fossæ at the base and sides of the epiglottis, and upon the external surface of the thyroid and crycoid cartilages, to a defined horizontal line, which begins the tracheal side of the œsophagus. Here the maroon redness was more decided, and so also on the cervical and cranial side of the gullet, or pharynx, where it also presents a defined line at the junction of the Snyderian membrane.

The lesion in this case is a uniform capillary congestion, of a maroon color, with papillæ—*an exanthem*—of the entire pharyngeal membrane, and that exclusively. The distinct lines of demarcation displayed in the autopsy at the papillæ magnatæ of the tongue, the edge of the epiglottis, the upper edge of the œsophagus, and the posterior edge of the Schneiderian membrane are extremely interesting. They disclose and demonstrate the anatomical extent of the pharyngeal membrane, which an arbitrary knife dissection could never have accomplished; the limit which febrile capillary congestion will obey, and yet more to the point, that such congestion can, by contiguous sympathy, excite important categories of sensorial, spinal and pulmonary symptoms. The transudation upon the congested pharynx was only so far fibrine as to be quickly commuted into pus, which with mucous and young epithelial cells, constituted the smear upon the red surface, as appears from the following microscopical examination by Dr. J. Darrach, viz:

Microscopical Examination of Matter Removed from Surface of Muco-Membrane of Bronchia and Pharynx.

The mucoid matter removed from the bronchial tubes, consisted of the ciliated epithelium which line these tubes. The mucous membrane of the pharynx had no patches of lymph in any part of its surface, but in the various depressions in the mucous membrane, and from the surface generally could be obtained a purulent fluid, which consisted of young epithelial cells, with corpuscles resembling pus.

Dr. Condie remarked that the case from which the pathological preparation on the table was obtained, as detailed by Dr. Darrach, did not strike him as one of unquestionable scarlatina. Though he admitted that this might, in a great measure, be owing to the manner in which the case had been narrated. Had he seen it, it is probable that his views in relation to it might have been in correspondence with those of Dr. Darrach. It is very certain, however, that an eruption upon the surface, of a dark red color, consisting, on the third day, of papular elevations, each surrounded with a distinct areola, accompanied with inflammation, indicated by a dark modena hue, of the fauces, and intense difficulty of respiration, would not present, in his judgment, the characteristic phenomena of scarlet fever in any of its several forms.

The dissection upon the table presented, Dr. Condie thought, unquestionable evidence of inflammation of the faucial and pharyngeal mucous membrane. The color of the inflamed surface during the lifetime of the patient is described by Dr. Darrach as of a very dark or modena hue—which is the appearance almost always of the inflamed throat in cases of membranous angina, but very different from the "bright red, brick-dust hue" of the throat in cases of scarlatina.

In some of the epidemics of membranous angina, in the more malignant cases, a diffused papular eruption upon the surface, of a dark red color, has been repeatedly observed. Two instances of such an eruption in unquestionable cases of membranous angina, Dr. Condie had observed within the last two weeks.

The inflammation of the throat in membranous angina is, at first, always confined to the pharynx and tonsils, its limits being marked by a sharp, well defined edge. When it extends, which is commonly the case, it invades anteriorly the soft palate and the nares, and posteriorly the œsophagus. In many cases, it is true, and more frequently in some epidemics, and in certain localities than in others, the inflammation extends to the mucous membrane of the larynx and even of the trachea, in which cases all the pathognomonic symptoms of membranous croup become developed. We should recollect, also,

Dr. Condie remarked, that, without this extension of the disease upon the respiratory mucous membrane, we may have produced the most intense croupy symptoms, in young and very susceptible subjects, in consequence evidently of a spasmodic affection of the glottis, caused by the reflection upon the latter part of the irritation from the fauces. In such cases the croupal phenomena—if the spasm of the glottis, from its severity and long continuance, does not on its first occurrence destroy life, are always intermittent. Dr. Condie believed that in the case described by Dr. Darrach, the marked disturbance of respiration was due to this cause; though he found it difficult to understand precisely what was the character of the difficulty implicating the respiratory function from the description given by the gentleman. It is not very easy to conceive of the most intense dyspnœa being present, to an extent sufficient, we are assured, to extinguish life, without the occurrence of any of the phenomena of either strangulation, suffocation or asphyxia.

The throat, in cases of membranous angina, is not, from the very onset of the disease, covered with a pelicular exudation. It often presents, at first, only a very thin coating of transparent mucus. The entire surface of the tongue is usually covered with a cream-like opaque coating, through which are seen to protrude the enlarged and reddened papillæ. There is always more or less hoarseness, and sometimes difficulty of deglutition. In the earlier stages of the disease, and sometimes throughout its entire course, there is an entire absence of cough, and of any degree of embarrassment of the respiration. The occurrence of these latter symptoms is an invariable indication that the inflammation and membraniform exudation, has spread from the fauces and pharynx into the larynx.

Dr. Darrach has stated that the morbid preparation on the table had been carefully washed, in order that the true condition of the faucial mucous membrane might be ascertained. Now, Dr. Condie desired to know what had been the appearance of that membrane previously to the washing—whether it was covered with any morbid exudation, and if so, what was the character of the exudation; what, in a word, was removed from it by the washing?

Dr. Darrach has referred to the disturbance of the respiration as the probable cause of death in the case under consideration. From its entire history, Dr. Condie would, however, rather infer that the death of the patient was the result of a general poisoning of the blood. To which cause he suspected should be referred the intense anxiety and the apparent apnœa under which the patient is described as having labored. The appearance of the lungs and heart after death were not such as would warrant, Dr. Condie thought, our ascribing the death of the patient to a suspension of respiration.

(To be continued.)

FOURTEENTH ANNUAL MEETING OF THE MEDICAL ASSOCIATION OF SOUTHERN CENTRAL NEW YORK,

Held at Binghamton, June 26 and 27, 1860.

The Association was called to order at 2 o'clock, P. M., by the President, Dr. Geo. W. Bradford, of Cortland county, and an appropriate Inaugural Address delivered.

The Minutes of the last meeting were read by the Secretary, Dr. J. G. Orton, and approved.

A committee of three was appointed by the chair, on the reception of members, consisting of Drs. French, Eastman, and Reed. The following gentlemen were recommended by the committee for membership, and were, by vote of the Association, admitted, viz.: Dr. Augustus Willard, of Greene, Chenango county; Dr. L. W. Bliss, of Trumansburg, Tompkins county; Dr. Lucius French, of Lisle, Broome county; Dr. M. D. Spencer, of Guilford, Chenango county, Dr. E. H. Mason, of Towanda, Bradford county, Pa.; Dr. E. I. Ford, of Binghamton; and Charles J. Seymour, student of Dr. J. G. Orton, of Binghamton.

The Treasurer, Dr. S. H. French, presented his report, which was accepted. It exhibited a good financial condition of the Association.

The following gentlemen were appointed as delegates to the American Medical Association, viz.: Drs. Lucius French and W. S. Griswold, of Broome; A. D. Reed and P. Burdick, of Cortland; M. D. Spencer, of Chenango; Wm. Woodward and E. L. Hart, of Chemung; L. W. Bliss and Richard Loring, of Tompkins; J. H. Tinkham and G. P. Cady, of Tioga; E. H. Mason and Daniel Holmes, of Bradford; William Fish and J. H. Mead, of Schuyler.

On motion of Dr. Crafts, it was resolved, that delegates may appoint a substitute to the American Medical Association, on giving up to said substitute his original certificate from the secretary.

On motion of Dr. Allen, the same Committee of Publication as last year was continued, viz.: Drs. Orton, French, and Green.

A committee of three was appointed, on motion of Drs. Crafts, to draft resolutions in reference to so much of the president's address as related to the decease of members, consisting of Drs. Crafts, Allen, and Hyde.

Dr. Allen made a verbal report from the county of Tioga, on Anginose Affections, Scarlatina, &c. The doctor did not believe that the disease called diphtheria had prevailed in his region; only a few cases had come under his observation.

Dr. Crafts presented a report on Surgery, from the county of Broome.

Dr. P. B. Brooks also made a report on the same.

Dr. EASTMAN, of Oswego, presented for examination and consultation a patient with an injury of the elbow joint. It was the general opinion of the Association that there had been a fracture of the internal condyle of the humerus, without dislocation; as the injury had been of long-standing, no treatment was advised, except passive motion by the patient, and to let quackery alone hereafter.

On motion of Dr. FRENCH, a committee of one from each county was appointed to report to the secretary the present residence and post-office address of each member of the Association. The following were appointed: Drs. J. G. Orton, of Broome; L. H. Allen, of Tioga; T. Hyde, of Cortland; W. C. Way, of Chemung; A. Willard, of Chenango; L. W. Bliss, of Tompkins; N. Nivison, of Schuyler, and D. Holmes, of Bradford.

The Association here adjourned until 7½ o'clock in the evening.

7½ o'CLOCK, P. M.

On being called to order, the committee appointed to report resolutions in regard to the death of members, presented the following. The report was accepted.

Resolved, That in the death of Dr. Silas West, of Binghamton, Broome county, the late president of this Association, we deeply lament the departure of one whose moral, religious, and professional integrity has secured profound respect both from his brethren in the profession and the community in which he had spent his life.

Resolved, That in the death of Joel E. Hawley, of Ithaca, Tompkins county, this Association has lost one of its earliest founders, and the profession a valuable member.

Resolved, That the secretary be requested to forward a copy of these resolutions to the friends of the deceased.

E. G. CRAFTS,
L. H. ALLEN,
F. HYDE,
Committee.

Dr. ALLEN pronounced an appropriate eulogy upon the professional and Christian character of Dr. West, and also offered some fitting remarks in regard to the early history of Dr. Hawley.

Dr. HYDE desired to give expression of his high regard for Dr. West. From long acquaintance with him, he had always entertained the most profound respect for him as a professional brother and associate. We should ever cherish his memory with much affection, believing the example he had set before the members of this Association worthy of all commendation and imitation.

Dr. HYDE, in remarking upon the character of Dr. Hawley, recalled services rendered this Association as one of its earliest founders; he was sure many members would remember his peculiar liberality and warm-heartedness.

Dr. BURR said, as he had opportunity on other occasions, in connection with the members of the profession of Broome county, to give expression of his high esteem for the character and services of Dr. West, he would now only remark, that there was at least one peculiar trait of character belonging to Dr. West which was worthy of the highest commendation, viz.: his unflinching professional integrity, notwithstanding the many temptations constantly thrown in his way by designing individuals and pretended friends. He abhorred quackery in every form, and ever discountenanced its followers and enticements, regardless of pecuniary loss. Dr. B. cordially approved of the resolutions offered by the committee. The resolutions were unanimously adopted.

The next order of business being that of reports from committees, Dr. BURR presented a report on obstetrics, from the county of Broome, confining it more especially to the consideration of tedious labor.

A discussion arose on the relative importance of the use of the forceps and the operation of turning, as assistants in difficult parturition, which occupied very profitably the entire evening, and in which most of the members present took part.

The Association then adjourned to meet at 9 o'clock, A. M., next morning.

JUNE 27, 9 A. M.

The Minutes of the last meeting being read, were approved.

Dr. HYDE reported a case of hernia, with operation successfully performed by himself; also, a case of stone in the bladder, which he had lately removed with safety to the patient. He presented the specimens for examination.

Dr. HOLMES, of Bradford county, Pa., offered a report on surgery, from his county, and described a successful operation for stone in the bladder; also, an operation for vesico-vaginal fistula—performed according to the plan of Dr. Lines, of New York; he offered some remarks on a case of fracture of the neck of the femur within the capsule, in which bony union took place within fourteen weeks and three days.

The election of officers for the ensuing year being the special order of business for the hour of 10, A. M., resulted as follows:

For president, Dr. Nelson Nivison, of Schuyler county.

First vice-president, Dr. J. H. Arnold, of Tioga county.

Second vice-president, Dr. E. H. Mason, of Bradford county, Pa.

Recording secretary, Dr. J. G. Orton, of Broome county.

Corresponding secretary, Dr. C. Green, of Cortland county.

Treasurer, Dr. S. H. French, of Broome county.

The president elect, on taking the chair, offered some very appropriate remarks, and the Association proceeded to the regular order of business, that of reports of committees.

Dr. FRENCH made a few general remarks on some of the diseases which had prevailed during the past year in the county of Broome.

On motion of Dr. ALLEN, all discussion of reports was postponed until after they had all been received.

Dr. J. G. ORTON, from the Committee on Endemics, Epidemics, and Pathology, for the county of Broome, presented a statistical report of 851 cases, which had occurred in his practice during the past twelve months, and offered remarks on the symptoms, pathology, and treatment of croup, diphtheria, scarlatina, remittent fever, &c. One death occurred in every 170 cases treated.

Dr. NELSON NIVISON presented a similar report from the county of Schuyler.

Dr. ORTON, from the Committee on Vital Statistics, stated that his report was not in a suitable condition to be presented to the Association, in consequence of the incompleteness of the returns from the United States Census Marshal, with whom he had made arrangements for reliable statistics.

On motion of Dr. CRAFTS, Dr. Orton was invited to complete his report, and present the same to the Committee on Publication.

Dr. NIVISON read an essay on the use of opium and quinine, and their physiological influence in health and disease.

On motion of Dr. BRADFORD, the treasurer was requested to address circulars to delinquent members of the Association.

Dr. J. G. ORTON offered the following resolutions, which were unanimously adopted:

Resolved, That it is the earnest desire of this Association, that a written report be made to the Committee on Medical Ethics of every instance of disregard of the code adopted by this Association, which may come under the observation of members at any time during the year.

Resolved, That it is the determination of this Association to require rigid adherence by its members to the code of medical ethics which they have adopted, and all infringements will be promptly reprimanded by censure or expulsion.

The Association then adjourned for dinner.

1½ o'clock, P. M.

DR. BRADFORD presented an elaborate paper on the absolute necessity of sanitary reform in all of the large cities of this State, and more especially in the Commercial Metropolis. From reliable statistics it was shown that from 5,000 to 8,000 deaths annually occur in New York city over and above what would be the result, under a well regulated sanitary police, and 15,040 individuals were constantly sick during the year 1851, unnecessarily. Certainly these astounding facts should arouse the attention of every philanthropist to the immediate and permanent removal of the causes which have so long rendered the sanitary management of that city, reckless of human life, a disgrace to the Empire State, and to the whole country. This humane object can only be accomplished by an earnest appeal, nay, an imperative demand in the name of humanity, that our State Legislators shall enact during their *next* session, such laws as shall place the entire management of sanitary affairs in the hands of a Sanitary Commission, composed of Medical men, known to the profession and the State, as eminently qualified to discharge the responsible duties incumbent upon them.

It would give us much pleasure to present in full this valuable paper of Dr. Bradford's for the attention of our readers, but we understand it is the intention of the Association to publish a volume of its transactions this year, in which, of course, it will be found entire.

The following resolutions offered by Dr. Bradford were unanimously adopted:

Resolved, That in the opinion of the members of the Medical Association of Southern Central New York, composed of the regular practicing Physicians and Surgeons of the counties of Broome, Cortland, Chemung, Tioga, Tompkins, Chenango, Schuyler and Bradford, Pa., it is necessary for the well-being and proper sanitary condition of the great Metropolis of our State and Commercial Emporium of our nation, that its sanitary police regulations, and in all that pertains to the prevention and removal of every source of pestilence and disease, should be intrusted only to those individuals well versed in medical science; who, in our opinion are far better qualified to stay the progress of disease and pestilence than those having no knowledge of the medical art.

Resolved, That it is due to the citizens of this State, and of every State of the Union, as well as to the city itself, that in our daily intercourse with it, we should be protected from the pestilential sources of disease there generated, and which are now uncontrolled or disregarded by the legal guardians of the health of the city. Our interests, our safety and the prosperity and well-being of the Metropolis of our State, are with the inhabitants of the city, and with these we rejoice in all its growth and its wealth; and with them, too, to see its Sanitary interests above reproach. But under the present condition of things we are ashamed that the whole of the legal guardians of the public health should be placed in the hands of a class of men who are entirely ignorant of the first laws of sanitary reform.

Resolved, That we feel it incumbent upon the city authorities, and of the State Legislature, to at once institute such changes in this respect as shall put the preservation of the health of the inhabitants of the city and State on a scientific basis, and thus remedy the existing evils. We feel that a city possessing all the natural and local advantages pertaining

to New York, should not be compelled to stand on the highest scale of mortality of any city in the civilized world.

Resolved, That we deeply sympathise with the Medical profession in the city of New York, that with all their learning, their known varied scientific acquirements, their benevolence and their laudable endeavors to promote a reform in the sanitary condition of their city—they are subject to the mortifying position of seeing the guardians of the public health of their city, wrested from them and placed in the hands of a class of men who have no proper knowledge of their duties, and whose only qualifications for the places they hold, consists in being reckless, partisan politicians.

The special order of business being that of the annual address of the retiring President, Dr. Geo. W. Bradford, it was now delivered.

It was prefaced by a consideration of the true method of observing disease.

The importance of an accurate diagnosis of all diseases coming under the care of the physician, especially those occurring endemically or epidemically, was fully exemplified and appropriately urged upon the profession. The disease called diphtheria, was ably discussed as to its characteristic symptoms, pathology and treatment.

On motion of Dr. Allen a vote of thanks was tendered to Dr. Bradford for his instructive, interesting and able address, and a copy requested for publication.

An invitation was received through Dr. Burr, from his Honor, Judge Balcom, inviting the members of the Association to visit the Law Library of the Supreme Court, and he would also be pleased to receive them at his private rooms adjoining. The invitation was accepted.

An informal discussion on the subject of diphtheria was here entered upon by many members, and occupied the remainder of the session.

On motion of Dr. French the Association adjourned *sine die*.

———o———

Florence Nightingale on "Disinfectants."—Let no one depend upon fumigations, disinfectants, and the like, for purifying the air. The offensive thing, not its smell, must be removed. A celebrated medical lecturer began one day, "Fumigations, gentlemen, are of essential importance, they make such an abominable smell that they compel you to open the window."

I wish all the disinfecting fluids invented made such an "abominable smell" that they forced you to admit fresh air. That would be a useful invention.

A dark house is always an unhealthy house, always an ill-aired house, always a dirty house. Want of light stops growth, and promotes scrofula, rickets, etc, among the children. People lose their health in a dark house, and if they get ill they cannot get well again in it. —*Florence Nightingale.*

EDITORIAL DEPARTMENT.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JULY 14, 1860.

REFORMS IN MEDICAL EDUCATION.

Whoever will impartially compare medical science, as taught in our colleges thirty or forty years ago, with the average status of teaching in our medical schools at the present time, must come to the conclusion that there has been a gradual, but very decided progress; and this is the more pleasing to contemplate, because it has been almost entirely spontaneous—not the result of any coercive measures.

Yet much remains to be done. In many departments of medical science, our teaching at present is deficient, while other branches of great importance are not taught at all. We will be able to present our views on this subject much more clearly by taking up the more important branches of medicine, and discussing them seriatim.

Anatomy.—In most of our schools practical anatomy is prosecuted with great zeal; yet a certificate of having devoted a certain time to the study of this science in the dissecting room is not made a peremptory requisite of graduation, as it should be. No man can study anatomy from books and plates. He may, by severe memorizing, enable himself to pass an examination; yet this can hardly be considered the kind of anatomy that is wanted for the successful and intelligent practice of medicine and surgery. It is the habitual use of the scalpel in dissecting the dead body, that gives precision and certainty to the hand and eye, and mind of the surgeon, when using bistoury or catline, and aids the physician in locating, by means of physical exploration, disease. It would be a waste of paper and ink, and an imposition upon our readers, to argue a point, the truth of which is so apparent at a glance. While giving due credit to what has been done in the study and advancement of anatomy in our schools, we would suggest that one of the much needed reforms in medical education is, that the pro-

secution of practical anatomy should be made a *conditio sine qua non* of graduation; for incredible as the statement may appear, we know of, and could cite many instances of persons obtaining diplomas, and being thus admitted to all the immunities and responsibilities of medicine, who had never handled a scalpel upon a cadaver.

Similar remarks apply to *Chemistry*. Chemistry cannot be studied to any advantage from books alone, or from listening to lectures, however amply illustrated by experiment. A few months spent in the practical manipulations of the laboratory, in simple experimentative and analytical chemistry, are indispensable requisites for a sound medical education. Certificates that the candidate has devoted a certain time to this purpose, should be required of the candidate for a degree.

Physiology.—This is all important, and in proportion as modern science—pathology, and, to a great extent, rational therapeutics—is based upon physiology, must be the reforms, must be the progress yet to be accomplished, before we can claim that our present system of medical education comes up to the requirements of the age. Let us recollect that it is but a very few years ago since physiology has become an acknowledged special branch at all, in most of our schools. Under the term "Institutes of Medicine," generally appended to some other chair, it is true the student was taught some physiological facts, mingled, however, with a mass of theoretical rubbish, that tended more to bewilder than to enlighten him. Since the days of Magendie, physiology has derived a new impulse. The principle that physiology must be studied as much as possible on the living organism, it being the study of the phenomena of life, has alike caused the downfall of the chemical physiology introduced by Liebig and his followers, which drew its inferences from crucible and test-tube, outside the living body, and the theory of vitalism, until modern physiology has arrived at a stage which may be truly called, to use a metaphysical phrase, the stage of *realism*. Digestion, absorption, assimilation, circulation, respiration, secretion, and excretion, must be studied experimentally if we wish to obtain a clear insight into physiology. Plates and diagrams can no longer supply the scalpel, the gastric fistula, the galvanometer, the test-tube, nor is it possible to derive a correct appreciation of the functions of the nervous system from anything short of observations of nervous phenomena during life. The objections once raised against vivisections have been triumphantly silenced by the glorious discoveries of Bernard, Brown Sequard, Marshall Hall, Du Bois Reymond, Dalton. It is, indeed, experimental physiology *par excellence*, that characterizes the progress of medicine at this time. Of course it cannot be expected that the changes and reforms in this department, which has so rapidly grown in importance, should be carried out at once and suddenly. They must take place gradually. Yet, by well directed efforts of the medical press of the country, and those interested in medical education, the time can be hastened when physiology will occupy its proper place among the branches taught in medical colleges. A small but energetic army of enthusiastic and intelligent physiologists are at work. It will not be long before their influence will make itself felt in the proper quarters.

Clinical Medicine.—With much propriety hospital and bedside teaching is insisted upon by those anxious to improve the present system of medical education. Mere didactic ex-cathedra teaching is not sufficient to make an efficient practitioner. Our hospitals should be more and more thrown open to clinical teaching and to clinical teachers. In our larger cities, much has already been done in this respect. Still there is ample room for improvement.

In *Surgery* there are many blanks to be filled. Ophthalmic and aural surgery have not yet received that share of attention in the regular curriculum of studies which they demand. To operative surgery more attention will in time be paid.

Midwifery.—The peculiarities of American life render the establishment of obstetric clinics difficult. Yet these very peculiarities tend to throw much more responsibility upon

the practitioner in our country, than elsewhere. It should be made an imperative requisite of the candidate for graduation to have attended a certain number of cases under the supervision of his teacher, and practiced all the various operations of midwifery satisfactorily upon the manikin.

Medical Jurisprudence.—It is a curious fact that our country can boast of the most voluminous and comprehensive work on Medical Jurisprudence, while this practically important part of our science is entirely neglected in the schools. The honor, the reputation of the physician, the safety of the community, and the liberty and life of his fellow-man frequently depend upon his testimony. The ignorance displayed not unfrequently by medical witnesses, their looseness of expression, indicating a looseness of ideas regarding medico-legal questions, has perhaps contributed more than anything else to lower the estimation of our profession in the eyes of the public. It cannot be otherwise, when in reference to his duties relating to the Commonwealth, the young graduate walks out of the College halls entirely ignorant. The first case to which he may be called after locating himself, may be one of a criminal nature. He is to distinguish, perhaps between drowning, suffocation and strangulation. Good fortune and a certain amount of common sense may, perhaps, guide him to a proper opinion in the case. Yet these are not the only qualifications to enable him to give a scientific medico-legal opinion. We hold that medical jurisprudence and public hygiene must in time be made a special part of our medical teaching. They are studies, which cannot be exhausted in a dozen lectures; and we believe that this is about all allowed to them in those Colleges where they are taught, while in most, medical jurisprudence forms but nominally a branch of instruction. Reform is necessary, in this respect, more perhaps than in any other. It is ridiculous to instruct the student *how* to give medical evidence, when the *substance* of medico-legal questions is to him a hidden thing. Instruct him in the latter, and he will know the "*how.*"

SELLING POISONS.

It is to be feared that the National Sanitary Convention, lately convened at Boston, has made a great mistake in postponing indefinitely the important subject of restricting the sale of poisons. From the outlines of the proceedings and debates, which we have published in a previous number, it will be seen, that a report on the subject was presented by Dr. Guthrie. This report concluded with the general draft of a law regulating and restricting the sale of poisons, to be recommended for adoption to the various legislatures of our country.

We are not quite sure, that the law proposed by Dr. Guthrie meets our approbation. Indeed, it contains some features which seem to us very obnoxious, and which we would oppose with all our might. There is no necessity to make a discrimination, as is done in that draft, between those holding a diploma from Colleges of Pharmacy and the merest pseudo-pharmaceutist, as far as the sale of poisons is concerned. The restriction should be universal. A dose of arsenic or strychnia will kill all the same, whether dispensed by the most learned graduate of a College of Pharmacy, or sold by some idiotic shop-boy. This discrimination has furthermore the great objection that it will arouse a violent opposition from those who are not graduates of Colleges of Pharmacy.

While disagreeing in this respect with the report of Dr. Guthrie, we cannot but lament the fact that the convention has, by postponing the subject indefinitely, thrown a great stumbling-block in the way of sound legislation on the subject. The opinions set forth during the discussion are by no means calculated to offer arguments to those friendly to its legislation. And yet we have to hear the first sound reason why the indiscriminate sale of poisons should not be restricted. The storage and sale of gunpowder is restricted; so is the sale of bad meat. Yet in most of the States of this Union, with but few exceptions, the poisoner can procure his agencies of murder by the pound, without "questions asked." Insane, idiots, and children, can procure quantities, of

the most subtile poisons to their purse's extent. Still, it is considered "unwise for a Sanitary Convention to take any steps in this matter;" a logic which we honestly confess not to understand.

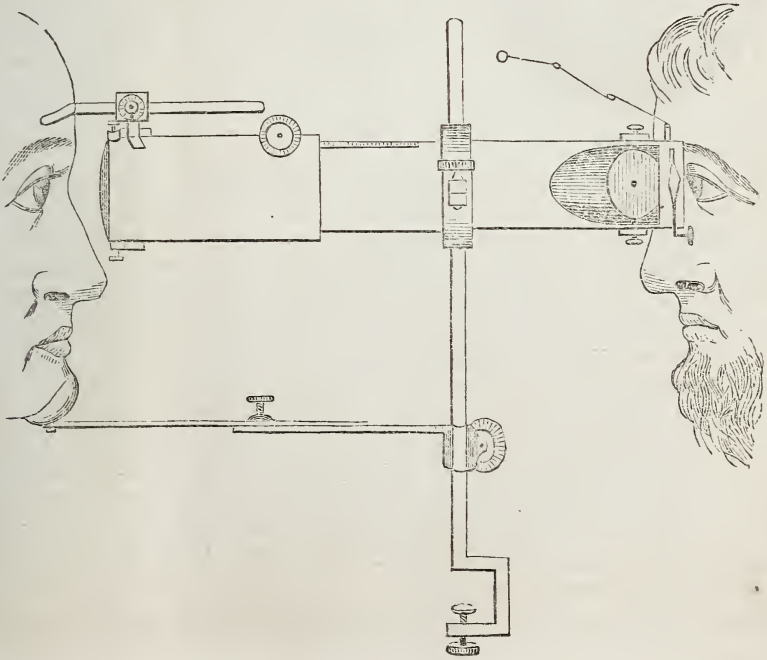
Our readers will have seen from the report of the American Medical Association, that the same subject was brought before that body, by delegates from New Jersey, and strong resolutions in favor of restrictive measures were adopted. We think this more in accordance with the demands of our age than the indefinite postponement at the Sanitary Convention, so much to be regretted. Meanwhile we trust that our friends who are enlisted in this humane and truly necessary movement will keep up their work, until success crowns their efforts. A few active and energetic men in each State can accomplish a great deal, in spite of indefinite conventional postponements. Who volunteers?

THE OPHTHALMOSCOPE.

Since the invention of the first ophthalmoscope by Helmholtz, in 1851, this valuable instrument in the diagnosis and study of diseases of the eye has undergone many improvements. One of the latest instruments of the kind, and which presents many advantages, is the one represented in the subjoined figure, constructed by Dr. Liebreich, first assistant to Prof. Graefe, of Berlin. We have lately had an opportunity, through the kindness of Dr. Osmun, of this city, to examine several cases by means of this instrument, which is exceedingly well adapted to all the purposes of the ophthalmologist.

The instrument is composed of two brass tubes, about two inches in diameter, the outer tube being movable by means of a small cog-wheel on the top. In the tube which is turned towards the observer, there is an opening in which a small, slightly concave, metallic mirror is fixed by means of two springs, so that it may be easily turned on its vertical axis, while behind the mirror a small, No. 8 or 10, double-convex lens is placed.

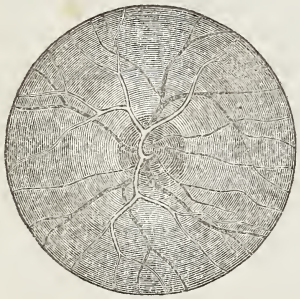
In the other tube, at the end towards the patient, a large, powerful, double-convex lens is fixed, in the same manner as the mirror. On the upper side of this tube there is a movable rest for the forehead of the patient, by means of which his head may be held at the distance desired from the instrument. In or-



der to keep the head of the patient more firmly in position, the instrument is provided with a rest for the chin, which is attached to the brass rod supporting the tubes, and is fastened to the edge of a table by means of a screw. The tubes, as well as the chin-rest, may be raised or lowered at pleasure. To give the patient's eye the proper direction, he is made to look at a little movable ball, which is fixed to the ocular end of the instrument by means of an extension with movable joints.

The light which is reflected from the mirror upon the retina is, as in all ophthalmoscopes, an ordinary lamp-light, so placed that the light will strike the mirror, whence it is thrown into the pupil.

The following cut illustrates the healthy appearance of the retina, showing in the centre the entrance of the optic nerve, and the vessels distributed upon the retina—arteria centralis retinæ, with accompanying veins.



It affords us much gratification to find how frequently the matter published in the REPORTER finds its way into other journals. Thus, for instance, we engaged a medical gentleman, who adds to his professional attainments the accomplishment of phonography, to go to New Haven and furnish us a report of the proceedings of the American Medical Association. This we published within a week after the adjournment of the Association. Now it has already made its appearance in two of the monthlies for July which we have received. The New Orleans *Medical News and Hospital Gazette*, and the Cincinnati *Lancet and Observer*. The former journal gives the REPORTER due credit; but the latter fills twenty-two of its pages with this report, copied *verbatim et literatim* from the REPORTER, without the least acknowledgment whatsoever; and in an editorial that journal has the boldness, besides, to refer "to the *full* report of the proceedings, which appears in this number of this journal." Will the *Lancet and Observer*, to whose editorial staff, by the way, Prof. Weber, of Cleveland, has been added, be kind enough to give us credit in its next number, and send us the copy?

We are also highly flattered that the St. Joseph *Journal of Medicine and Surgery* agrees so entirely with some opinions expressed by ourselves, that it adopts even the same language, in some editorial remarks on various subjects. The coincidence is certainly remarkable. We would suggest to the "Journal," and *other* journals, that if they cannot get along without copying, and find it repugnant to their moral sense to give the credit due among honorable writers, at least to alter the phraseology so that their plundering propensities are not too apparent. It is humiliating to us, as American journalists, to be obliged to speak thus, yet the literary piracy rampant, especially in the medical journalism of this country, is such, that it would be a neglect of duty on our part did we not occasionally remind those engaged in it to mend their evil ways.

European Correspondence.

Liverpool, June 30, 1860.

Editors of Medical and Surgical Reporter.

GENTLEMEN:—I take pleasure in addressing to you the first of my European letters. I shall endeavor to fill them as much as possible with whatever I may see new, remarkable, or interesting.

As it is, as yet, too soon after my arrival in England for me to have collected *there* any facts or incidents connected with medicine which could be of any interest to your readers, I shall give a slight sketch of the life and duties of the surgeon of an emigrant ship. Having been one myself, I may be considered competent to give a description of them. These surgeons are generally young men, and almost always Americans; for there is such a desire among them to see Paris and London, if it be only

for two or three weeks, that physicians (and in the summer months more than are needed) can be found to take the voyage in this manner, although no compensation is attached to the office.

If any vessel should sail from Philadelphia without having been provided with a surgeon, it is necessary for the captain to engage one in Liverpool for the return voyage, as by the English laws every emigrant ship must have one on board. The laws of the United States are silent on the subject; and indeed there were none in England until they were rendered necessary by the terrible mortality which occurred. Seven or eight hundred were carried habitually in vessels smaller than those which are now only allowed to carry half that number. Typhus fever and malignant dysentery would break out and decimate the passengers, while the captains and owners of vessels, hardened by habit and countenanced by the customs of others, looked on their sufferings with indifference. The horrors rivalled those of the slave trade, the more nearly as in the latter it is the interest of the captain to endeavor to preserve life by ventilation, cleanliness, &c.; while in the emigrant ships (though, of course, they were never half so full) when once the passage money was received, all interest in the welfare of the crowd ceased.

At last the climax was reached, and reaction ensued; and now, although there are sometimes nauseous odors and dirt enough to disgust, yet typhus is unknown. Very lately, however, the emigration has taken a fresh start, and this will render increased vigilance necessary to preserve health.

The duties of a surgeon on board of an emigrant ship are unfortunately not defined. It is not with him as with the surgeon in the navy, who knows precisely what is expected of him, and who has definite rights and responsibilities. In an emigrant ship, on the contrary, although the responsibility is great, the rights are few. If fever should rage in the steerage, he must bear great part of the blame; but he has no power over the hygiene of the ship by which to prevent it, and on a ship hygiene is far more important than medicine. He, however, has the power of recommendation. He should, therefore, if the crowd be great, advise that they all should be compelled to remain on deck for at least at hour or two every day, when the weather will at all permit it; and that all possible means of ventilation should be resorted to at all times.

Once in every week or two, or oftener if necessary, chlorine, or some other disinfecting agent, should be employed; or perhaps a better plan may be to have a little chlorinated lime sprinkled here and there every day, so as to keep the faintest possible odor of chlorine constantly perceptible.

With these precautions, and even without them, if the number of passengers do not exceed two or three hundred in a large ship, there can be very little doubt of being preserved from typhus fever.

There are, however, other and minor evils which sometimes arise and give the surgeon some trouble and anxiety. Thus small pox may break out and render a vaccination on all hands advisable; or, (what will matter still less), measles or chicken pox may cause an increase of the weeping and gnashing of teeth, which are so often heard on descending from the deck into those lower regions of the steerage.

Last of all I must mention the possibility of one or two little strangers arriving on board ship; but perhaps your obstretical readers may not thank me for classing births among the evils.

The state of health of the passengers coming towards America is generally good on entering the ship, and they will often go the whole distance without a single death among 400 to 600, even though the voyage may be prolonged to six weeks, or upwards, as it often is. Perhaps, however, more frequently one or two babies, and perhaps an adult, will be sewed up in canvas, and with weights added, be dropped over the ship's side to find a grave far below the surface of the water.

On the passage *to* Liverpool, a large packet ship will, in summer time, usually carry from 50 to 150 steerage passengers, and yet there will often be more sickness than when going the other way, as many are going back to Ireland for their health, and often some will be found in the last stage of consumption. They are generally, however, in better circumstances, more intelligent, and more cleanly, often having made money in the States and going back for pleasure.

The emigrant ships are by the English laws required to have on board amputating instruments, trephining instruments and obstretical forceps; also a very good supply of medicines, together with arrow root, sago, &c. They must also have two hospitals, one for the men and one for the women. To one whose ideas of an hospital have been framed from the clean and spacious wards of the Philadelphia institutions, it will appear strange to give the name to a little, dirty, unpainted and uncarpeted room, with one window less than a man's head, or instead of that, perhaps only a skylight of about half the size; and filled until wanted for use with barrels, tarry ropes, &c. Yet so it is.

When it becomes necessary for an English surgeon to be engaged in Liverpool, the usual process is to apply to an apothecary, who on the payment of 20 or 25 pounds sterling, will provide one for the ship. All of this money, however, does not go to the surgeon, for in a recent instance I was informed, that only twelve pounds out of twenty-six went to

him, on whom all the work devolved. The reason that under these circumstances, they do not take some more direct way of supplying themselves, such as for example by advertising, is that they are afraid that the surgeon thus obtained would not be passed by the inspecting officer, and thus trouble and delay might be caused. Whether all the difference between the sum paid by the captain, and the sum received by the surgeon remains in the apothecary's hands, or whether some of it goes as a bribe, is a matter, which it perhaps may be well not to examine into too closely. It is found that a great reluctance is sometimes shown in the appointment of American surgeons to American ships, even if they show diplomas from the very oldest and best known of American colleges.

There need not be much said as regards the duties when on board ship. They are usually not at all arduous. A visit in the morning, passing along between the double rows of berths, four feet on each side, and stopping a little here and there, is all that is necessary. Purgatives will be often asked for—there will be no doubt of that, for constipation is almost universal at sea, even among those who are not much sea-sick.

Another visit in the evening is also advisable; for, if it be not paid, a midnight summons will be very apt to occur.

I trust that the above sketch of life on an emigrant ship may prove useful to some of your readers. If it should be found interesting to any of them, it will fulfill the wishes of

Yours truly,

"M. D. ABROAD."

News and Miscellany.

St. Joseph's Hospital.—A portion of the wards of this institution will soon be temporarily vacated during the enlargement of the hospital building.

Dr. Daniel Ayres, one of the Surgeons of the Long Island College Hospital of Brooklyn, has been elected corresponding-member of the Obstetrical Society of Berlin.

During the last Session of the New York State Legislature, a charter was granted to the Brooklyn Medical and Surgical Institute, for the purpose of establishing and maintaining an Infirmary and Medical College, with power to grant the degree of Doctor of Medicine. We hear that the institution is soon to be organized. Dr. Louis Bauer is one of the incorporators.

Army and Navy.—The following promotions and appointments to date, from June 23, 1860, were confirmed by the Senate on that day, viz.:

Assistant Surgeon Richard F. Simpson, to be Surgeon.

Assistant Surgeon Richard H. Coolidge, to be Surgeon.

Assistant Surgeon Charles C. Keeney, to be Surgeon.

Assistant Surgeon Robert Murray, to be Surgeon.

De Witt C. Peters, of New York, to be Assistant Surgeon.

Charles Henry Alden, of Pennsylvania, to be Assistant Surgeon.

Warren Webster, of Massachusetts, to be Assistant Surgeon.

John Vansant, of the District of Columbia, to be Assistant Surgeon.

Charles C. Byrne, of Maryland, to be Assistant Surgeon.

Archibald M. Fauntleroy, of Virginia, to be Assistant Surgeon.

Assistant Surgeon E. J. Bailey, Medical Department, has been ordered to report to Major C. F. Ruff, Regiment of Mounted Riflemen, for duty with the expedition against the hostile Camanches and Kiowas.

Inefficiency of Legislative Protection.—The London *Journal of Gas-lighting*, in speaking of the recent fatal explosion in the mines, and of the unprecedented series of shipwrecks, intimates that the legislation for the purpose of protecting persons from such accidents has defeated its own ends, and tended rather to increase the evil.

Scientific Titles.—Retzius, the great Swedish anatomist, whose death was lately announced, held two orders of knighthood and many honorary titles. He belonged to a great number of scientific societies throughout the world. A list of these societies, published in his biography, occupies more than two pages.

Coloring the Bones of a Fœtus by Mixing Madder with the Food of the Mother.—At a recent meeting of the Academie des Sciences in Paris, M. Flourens, according to the *Gaz. Hebdom.*, presented a fœtus whose bones and teeth were all of a most beautiful red. The mother had been subjected to a diet mixed with madder during the last twenty-five days of gestation. The same phenomenon has frequently been observed in lower animals.

Effect of the Improvement of Fire-Arms upon the Numbers hit in Battle.—Marshal Saxe used to say, that, to kill a soldier, the man's weight of lead must be expended. This saying, though strange, has been verified in modern times, with all the improvements lately introduced. At the battle of Solferino, according to pretty accurate calculations, the Austrians fired 8,400,000 rounds. The loss of the French and Piedmontese is reckoned at 2,000 killed, and 10,000 wounded. Each soldier hit has, therefore, cost 700 rounds, and every man killed 4,200. Now, as the mean weight of balls is one ounce, 272 pounds of lead were used to kill a man, so that the old assertion of Marshal Saxe is still true.—*Journ. des Conn. Méd. Chirurg. et Gaz. Méd. de Lyon.* —(*Med. News.*)

Underground Gas-leakage.—The leakage of gas from the pipes under ground in the city of London, amounts to one million cubic feet a day. The attention of sanitarians is being attracted to the subject. The soil is said to be darkened, and the emanations from it very offensive. The air of basements of houses, cellars, and sewers, is impregnated with the gas which saturates the soil. The remedies suggested are to make the gas free from the offensive contaminations of ammonia and sulpher, and to construct the joints of the pipes more firmly.

Similia Similibus.—In an old book, published before Hahneman was born, is the following homeopathic "receipt for worms:"

"Nothing is better for worms in children than the worms themselves dried on a red-hot tile, or any thing else, and reduced to powder. Give this powder to the sick children, and it will expel all those with which they are troubled."

Dr. Brown Sequard, has been elected a Fellow of the Royal Society of England.

The Epitome of Braithwaite, which was promised to be completed in *five* parts, at the cost of five dollars, and of which four parts are already issued, is now, in opposition to the agreement with subscribers, announced to have a sixth part added to it, and for which another dollar is demanded from subscribers. It was distintly stated in the prospectus and in the advertisement, that the price of the "Epitome *complete* would be *five* dollars," and on these terms subscriptions were taken for the work.

Whether a supplement is to be finally added, for which still another dollar is to be extorted from those who, in good faith, have paid for the first four volumes, is not announced, but the subscribers being "in for it" by a cash investment, it is possible that the game might thus be continued for the benefit of the publishers.

We have already expressed a favorable opinion of the merits of the Epitome in itself; but this method of conducting the publication of a medical work partakes too much of the speculative character of the "commercial metropolis." Some dissatisfaction about the matter has been expressed by subscribers in this city.

The New York Medical Press has ceased to exist—one of the editors being obliged frequently to go to Canada, and the time of the other being taken up by hospital and private practice. The subscription list of the *Press* has been transferred to Messrs. Bailliére, publishers of the *American Medical Times.*

Prof. Gustav E. Weber, of Cleveland, has been added to the editorial staff of the *Cincinnati Lancet and Observer.*

Answers to Correspondents.

COMMUNICATIONS RECEIVED.—*Connecticut*, Dr. A. Woodward (2) —*England*, "M. D. abroad"—*Georgia*, Dr. L. J. Robert—*Illinois*, Dr. H. F. White, Dr. E. D. Gates—*Kentucky*, Dr. W. T. Polk, [with encl.]—*Mississippi*, Dr. T. S. West—*New Jersey*, Dr. J. T. Calhoun, [with encl.,] Dr. J. S. Cohen, Dr. Gg. Haines, [with encl.,] Dr. Price—*North Carolina*, Dr. H. M. Whitley, [with encl.]—*Pennsylvania*, Dr. James McMullin, Dr. Henry Ruby, Dr. E. K. Weber, [with encl.,] Dr. D. G. Schoner.

Office Payments.—Dr. D. Parrish Pancoast. By Mr. Swaime Drs. Wm. Reed, Campbell, Morehouse, Hall, Gebler, Piersoll, Griffith, Parker, S. T. Beale, Weber.

WANTED.

SEVERAL PERSONS TO TRAVEL AS **AGENTS** TO OBtain subscribers for this Journal. Students or young graduates would find this pleasent and profitable employment, as we allow a liberal percentage for new subscribers, and the exceedingly practical and popular form and low price of the REPORTER, will induce most physicians to subscribe to it if called upon.

None need apply without good recommendations. Address the Editors

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 17t

J. M. MIGEOD,

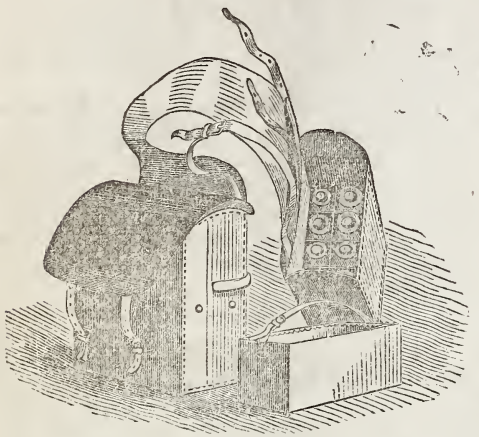
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50
No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50
No. 3, containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " 9 50
No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottle
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" 4 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, Dec. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours.

THOMAS D. MUTTER,
Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1860-'61.

FACULTY.

B. HOWARD RAND, M. D., Professor of Chemistry.
HENRY HARTSHORNE, M. D., " Practice of Medicine.
LEWIS D. HARLOW, M. D., " Obstetrics, &c.
WILLIAM S. HALSEY, M. D., " Surgery.
WM. HEMBEL TAGGART, M. D., " Materia Medica.
JAMES AITKEN MEIGS, M. D., " Institutes of Medicine.
WM. H. GOBRECHT, M. D., " Anatomy.
THEODORE A. DEMMÉ, M. D., Demonstrator of Anatomy.

The session of 1860-'61 will commence on Monday, 8th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

The Rooms for Practical Anatomy will be open early in September.

The College Clinic will be conducted on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in this city.

FEES.

Matriculation, (paid once only,) - - - $5 00
For each Professor's Ticket, - - - - 15 00
Graduation, - - - - - - - - 30 00

LEWIS D. HARLOW, M. D., *Dean*,
192—1em *No. 1023 Vine, below 11th Street.*

COLLEGE OF PHYSICIANS AND SURGEONS,

CORNER 23D STREET AND FOURTH AVENUE,

NEW YORK.

FIFTY-FOURTH SESSION 1860-'61

EDWARD DELAFIELD, M. D., President of the College, and Professor Emeritus of Obstetrics.

ALEXANDER H. STEVENS, M. D., LL.D, Professor Emeritus of Clinical Surgery.

JOHN TORREY, M. D., LL.D, Professor Emeritus of Chemistry and Botany.

JOSEPH MATHER SMITH, M. D., Professor of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.

ALONZO CLARK, M. D., Professor of Pathology and Practical Medicine.

JOHN C. DALTON, JR., M. D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Professor of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOTT, M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy and Curator of the College Museum.

The Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures, $105. Graduation Fee, $25. Demonstrator's Fee, $5. Matriculation Fee, $5.

JOHN C. DALTON, JR., M. D.,
Secretary of the Faculty.

192—3m.

TO PHYSICIANS.

A PHYSICIAN offers for sale his good will and property, consisting of a good dwelling house, with double office attached, and well improved lot, eligibly located, has been the residence of a physician for the last fourteen years.

A physician wishing to secure a pleasant home and good practice in an enterprising, intelligent, moral community, on moderate terms, and easy payments, will address

J. G. L. SHINDELL,
Selinsgrove, Pa.

Or P. S. LEISENRING, M. D.,
Hollidaysburg, Pa. 192—4t

TRUSS

AND

BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

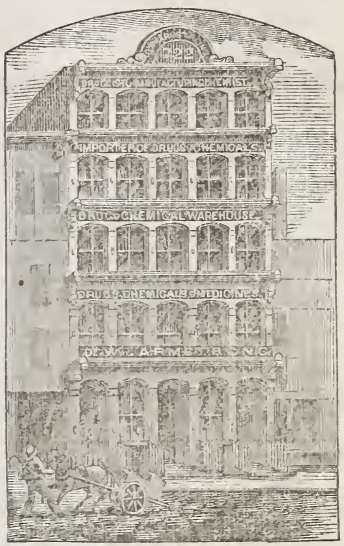
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with above, with flattering results. 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.



Also a General Assortment of Concentrated Medicines, from the Laboratories of
MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut.	2 to 5	1 50
Alnuin	Res. Rd. Neut.	2 to 10	75
Apocynin	Rd. Res. Neut.	½ to 3	2 00
Asclepin	Rd. Neut.	1 to 5	1 50
Baptisin	Res. Neut.	1 to 3	1 00
Barosmin	Res. Neut.	1 to 3	2 00
Caulophylin	Rd. Neut.	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut.	2 to 5	1 25
Chimaphilin	Res. Rd. Neut.	2 to 5	1 00
Collinsonin	Res. Neut.	2 to 5	2 00
Colocynthin	Rd.	½ to 2	2 00
Cornin	Rd. Neut.	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut.	1 to 3	3 00
Cypripedin	Rd. Neut.	2 to 4	1 00
Digitalin	Rd. Alk. two Neut.	½ to ¼	1 50
Dioscorein	Res. Neut. M. R.	2 to 5	1 50
Enonymin	Rd. Alk. Neut.	1 to 4	2 00
Enphorbin	Rd. Neut.	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk.	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk.	2 to 5	1 50
Fraserin	Res. Neut. and M. R.	2 to 10	1 00
Gelsemin	Rd. Alk. Neut.	¼ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd. Neut.	3 to 8	2 00
Hamamelin	Res. Neut.	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut.	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut.	¼ to ½	2 50
Irisin	Res. Rd. Alk. Neut.	1 to 3	1 00
Jalapin	Res.	2 to 5	1 50
Juglandin	Rd. Neut.	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut.	2 to 5	60
Lupulin	Res. Rd. Neut.	1 to 4	75
Lycopin	Rd. Neut.	1 to 4	1 00
Macrotin	Rd. Alk. Neut.	½ to 2	60
Menispermin	Rd. Alk. Neut.	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut.	½ to 3	1 00
Podophyllin	Rd. Alk. Neut.	½ to 3	60
Populin	Rd. Neut.	2 to 5	50
Prunin	Rd. Neut. Amyg.	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to and sent to all parts of the United States, by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Philada.

DR. McMUNN'S ELIXIR OF OPIUM.

This is the Pure and Essential Extract from the Native Drug.

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious, and useless principles, upon which its bad effects depend.

It possesses all the sedative, anodyne, and anti-spasmodic powers of Opium
To produce sleep and composure. To allay convulsions and spasmodic action.
To relieve pain and irritation, nervous excitement and morbid irritability of body and mind, &c.

And being purified from all the noxious and deleterious elements, its operation is attended by
No sickness of the stomach, no vomiting, no costiveness, no headache,
Nor any derangement of the constitution or general health.

Hence its high superiority over Laudanum, Paregoric, Black Drop, Denarcotized Laudanum, and every other opiate preparation.

In consequence of the exclusion of those deleterious principles from the Elixir of Opium, it is not liable to derange the functions of the system, and will be found invaluable for all cases in which the long-continued and liberal use of opiates is indicated and necessary to allay pain or spasmodic action, and induce sleep and composure, as in cases of fractures, burns, scalds, cancerous ulcers, and other painful affections.

THE ELIXIR OF OPIUM IS GREATLY SUPERIOR TO MORPHINE.

1. In its containing all the active medicinal virtues of Opium in native combination, and in being its full representative, while Morphine, being only one of its principles, cannot alone, and that in an artificial state of combination, too, produce all the characteristic effects of so triumphant a remedy, when several of its other valuable principles are excluded.
2. In all its effects, the Elixir is more characteristic, permanent and uniform, than any of the *artificial compounds* of Morphine.
3. And as a *Preparation*, it is not liable to decompose or deteriorate like the *Solutions* of Morphine, and thus is obviated a serious objection, which has prevented the latter from being used with precision and effect.

To speak summarily, the Elixir of Opium, as a remedy, may be adopted in all cases in which either Opium or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by their distressing and pernicious consequences.

The following letter from Dr. Reese fully confirms the above, and commends itself to the attention of the professsion and the public:

NEW YORK, *January* 11, 1859.

MESSRS. A. B. & D. SANDS: *Gentlemen*—I have been familiar with the history of the "Elixir of Opium" from the time it was first introduced to the profession by Dr. McMunn, and have continued to prescribe the same in public use and private practice since he disposed of his interest in it to you in 1841. Of its value, and the purity of the drug from which it is prepared, the best evidence is found in its wide-spread popularity and use among the profession in our own and other countries, and in all our civil and military hospitals, in which it has become a standard article. It is now prescribed by physicians and surgeons everywhere, when the positive medication of Opium is indicated without the drawbacks in certain pathological conditions involving the nervous system, by idiosyncracy or otherwise, which are inseparable from the ordinary spirituous or vinous tinctures, or the salts of Morphia. Its extended use has led to the introduction of spurious imitations, against which you have done well to guard the profession and the public. The fact that the pharmaceutical journals have so frequently proposed and announced "substitutes" for McMunn's Elixir of Opium, and published so many formulæ for its officinal imitation, is the very highest attestation to the merits of the article as prepared by you. Knowing as I do its merits, I most cordially express my desire that its remedial virtues may be more extensively known. Yours respectfully,

D. MEREDITH REESE, M. D., LL. D.,
Late Vice President of the American Medical Association; Resident Member of the New York Academy of Medicine; Editor of the American Medical Gazette, &c.

☞ NOTICE.—**A. B. & D. SANDS** having purchased of Dr. McMUNN all his right, title and interest in this article, and having been the sole Proprietors since 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers that no Elixir of Opium will hereafter be genuine unless having their signature on the outside wrapper; and all orders from the "Trade" must be addressed, as heretofore, to A. B. & D. SANDS, Wholesale Druggists, 141 William street, corner of Fulton, New York.

190—mfy SOLD ALSO BY DRUGGISTS GENERALLY.

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P. . . . $0 37½
Aloes et Assafœt: U. S. P. . 37½
Aloes et Ferri . . . 37½
{ Pulv: Aloes, Socot: ½ gr.
{ " Zingib: Jam: 1 gr.
{ Ferri Sulph: Exsic: 1 gr.
{ Ext: Conii ½ gr.
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
{ Pulv: Aloes Socot:
{ " Sapon: Hispan:
{ " Fruct: Colocynth:
{ " Gambogiæ
{ Oleum Anisi
Anti-bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . 37½
" Comp: (Plummer's) 3 grs. . 37½
{ Calomel
{ Oxysulph Antimony
{ Guaiacum Resin
Calomel et Opii . . . 37½
{ Calomel 2 grs.
{ Opium 1 gr.
Cathart: Comp: U. S. P. . . 37½
Cinchon: Sulph: 1½ grs. . . 50
Cook's, 3 grs. . . . 37½
{ Pulv: Aloes Soc: 1 gr.
{ " Rhei 1 gr.
{ Calomel ½ gr
{ Sapo Hispan: ½ gr.
Colocynthidis Comp: 3 grs. . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . . 37½
Copaibæ et Ext: Cubebæ . . 37½
{ Pil: Copaibæ 3 grs,
{ Ext: Cubebæ 1 gr.
Copaibæ Comp: . . . 37½
{ Pil: Copaib:
{ Resin Guaiac:
{ Ferri Cit:
{ Ext: Cubeb:
Fel Bovinum, . . . 50
{ Inspisated Oxgall 2 gr.
{ Powd: Jamaica Ginger, 1 gr.
Ferri (Quevenne's) 1 gr. . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . 37½
Ferri Comp: U. S. P. . 37½
Ferri Iodid: 1 gr. . . . 50
Ferri Lactat: 1 gr. . . . 37½
Ferri et Strychniæ . . . 62½
{ Strychniæ 1 60 gr.
{ Ferrum per Hydrogen (Quevenne's) 2 gr.

PIL: Ferri Valer: 1 gr. . . . 75
Ferri et Quin: Cit: 1 gr. . . 50
Ferri et Strychniæ Cit: 1 gr. . 37½
{ Strychnia Cit: 1-50 gr.
{ Ferri Cit: 1 gr
Galbani Comp: U. S. P. . . 37½
Hooper (Female Pills) . . 37½
Hyd argyri. U. S. P. 3 grs. . 37½
Ipecac et Opii, 3½ grs. . . 37½
Pulv: Doveri, U. S. P.
Opii. U. S. P. 1 gr. . . 37½
Opii et Camphoræ . . . 50
{ Pulv: Opii, 1 gr.
{ Camphoræ, 2 grs.
Opii et Plumbi Acet: . . 37½
{ Pulv: Opii, ½ gr.
{ Plumbi Acet: 1½ grs.
Quiniæ Sulph: 1 gr. . . . 75
Quiniæ Sulph: 2 grs. . . 1 25
Quiniæ Comp: . . . 1 00
{ Quin: Sulph: 1 gr.
{ Ferrum per Hydrogen (Quevenne's) 1 gr.
{ Acid Arsenious 1-60 gr.
Quiniæ et Ext: Belladon: . . 62½
{ Quiniæ Sulph: 1 gr.
{ Ext: Belladon: ½ gr.
Rhei, U. S. P. . . . 37½
Rhei Comp: U. S. P. . . 37½
Scillæ Comp: U. S. P. . . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
{ Pulv: Aloe Scott:
{ Gum: Mastich:
{ Flor: Rosæ
Zinci Valerian: 1 gr. . . 75
GRANULES, Acid: Arsenious, 1-20 gr. . 25
" " 1-50 gr. . 25
Aconitia, 1-60 gr. . . . 50
Atropia, 1-60 gr. . . . 50
Corrosive Sublimate, 1-12 gr. . 25
Digitalin, 1-60 gr. . . . 50
Elaterium (Clutterbuck's) 1-10 gr. 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr. . 25
" Nux Vomica, ½ gr. . . 37½
Mercury Iodide, ¼ gr. . . 25
" Red, 1-16 gr. . . . 25
Morphia Sulphate, 1-10 gr. . . 37½
" " 1-6 gr. . . 50
" Valerianate, ⅛ gr. . . 62½
Quinia Valerianate, ½ gr. . . 1 00
Silver Nitrate, ¼ gr. . . 37½
Strychnia. 1-20 gr. . . 37½
" 1-40 gr. . . 37½
Veratia Sulphate, 1-12 gr. . . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 180, 1y

THE MEDICAL USES OF ELECTRICITY IN THE TREATMENT OF NERVOUS AFFECTIONS—A new and important medical work, now in press, and will be issued in the course of a few days, by Messrs. TICKNOR & FIELDS. This will be a thoroughly systematic work of over 700 pages, and finely illustrated with nearly 100 cuts, showing not only the best "*methods*" for the therapeutical employment of electricity in the various nervous diseases, but also *showing the anatomy of the parts* (nerve-trunks and muscle fibres) liable to be involved; moreover, presenting a concise view and means of diagnosis of the great variety of nervous affections met with in every day practice. This work is from the pen of ALFRED C. GARRATT, M. D., of Boston, who of late years, it is well known, has made this difficult department of medicine his *specialty*. It is addressed to medical students, and is dedicated to DR. JOHN HOMANS, President of the Massachusetts Medical Society. It is intended for the professional eye. There is no similar work in the English language. 190

A COURSE OF INSTRUCTION IN ANALYTICAL CHEMISTRY, therapeutical and practical, and with the especial view to the wants of the physician, will be commenced early in July. The course will close with the Analysis of Animal Fluids, Blood, Urine, &c.

Applications to be made at the laboratory of

J. M. MAISCH,
800 Arch Street.

Organic and Inorganic Analyses promptly attended to. 190

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

DENTAL INSTRUMENTS—TEETH.

JOHN KLINE,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, FINDINGS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 188

J. JACOB TEUFEL,

MANUFACTURER OF

SURGICAL AND DENTAL

INSTRUMENTS AND TRUSSES.

103 South Eighth St., 3d door below Chestnut,

PHILADELPHIA.

☞ *A large assortment always on hand.* ☜ 186

Anatomical, Pathological, and Microscopical Preparations.

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS intrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood-cut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILLUSTRAION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION intrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS, M. D.
768 Florida street, Philadelphia

REFERENCES.

JOSEPH PANCOAST, M. D, Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.
D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.
ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.
J. DA COSTA, M. D., Physician to the Episcopal Hospital.
F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital.
Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN,** No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved

RADICAL CURE and other TRUSSES,
FEMALE SUPPORTERS,
SHOULDER BRACES,
ELASTIC STOCKINGS,
SPINAL APPARATUS

For weak and curved spines, and
INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

ARTIFICIAL EYES.

PERSONS wanting ARTIFICIAL EYES can have them made to order, and inserted, without pain, by DR. OSMUN, Oculist, 1619 Chesnut street, Philadelphia.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 196. } PHILADELPHIA, JULY 21, 1860. { NEW SERIES VOL. IV. NO. 16.

ORIGINAL DEPARTMENT.

Communications.

Operation for Knock-Knees by the Subcutaneous Division of the Tendon of the Biceps Femoris, with Cases.

By A. G. Walter, M. D.,
Of Pittsburgh, Pa.

The deformity known by the name of "*knock-knee*," though not of frequent occurrence, and generally not of a nature to deprive the person thus affected of active locomotion, is nevertheless a serious and unsightly infirmity. Mostly originating during infancy and childhood, in consequence of weakness of the muscles of the lower limbs, orthopædical means have been resorted to with the view of restoring the knee-joint to its original position. The process of restoration, however, has usually, after much time and labor spent by the surgeon, and discomfort endured by the patient, been very slow, imperfect, and mostly unsuccessful. Though the principle upon which mechanical appliances are to act in redressing the deformed joints is a plain one, the proper adjusting and retaining the same upon the limbs of the patient for locomotive purposes is not only irksome and painful, but mostly fruitless. Considering the anatomico-pathological relation of the deformed joint, we find that the *head of the tibia* is not only thrown *inwards* from its natural line with the femur, but at the same time *somewhat twisted around its axis*, the outer portion of the glenoidal surface of the tibia being received by the posterior part of the condylus externus. On the inner side of the joint there is diastasis between the inner condyle of the femur and the head of the tibia, the inner ridge of the latter being somewhat in advance of the inner condyle of the femur, while the outer ridge of the tibia is drawn behind and in close proximity with the posterior surface of the external condyle of the femur; the head of the tibia, too, being brought in close apposition with the condyle. This unnatural deviation and twisting being brought about by the yielding of the fibrous and muscular apparatus of the inside of the knee-joint under the weight of the body, in consequence of the impaired innervation of the muscles of the limbs, cannot last without structural contraction taking place on the opposite side of the joint. Thus we find that the tendon of the biceps femoris, being inserted into the upper part of the fibula, is in a state of structural tension during the attempt of forcing the limb into its natural position, while the knee-joint is kept extended. But in the flexed position, the configuration of the joint appears natural, and the action of the corresponding bones normal, no contraction of the muscles inserted into the crus being perceptible. The moment, however, the joint is extended and the head of the tibia prevented from twisting around its axis, the tendon of the flexor biceps becomes tense, and resists the attempt made to bring the femur and crus into their natural line.

No mechanical contrivance of our suggestion, or that of any other surgeon, being able of overcoming this tension of the biceps, and of preventing at the same time the semi-rotation of the head of the tibia, *subcutaneous section* of the implicated tendon *alone* seemed to promise relief. Though sanguine of success by tenotomy, still permanent relief without a long

continuance of the supporting apparatus to the joint, appeared doubtful in cases of old standing, as it was reasonable to suppose that absorption of the articulating surface of the outer half of the joint, and new bony deposit upon its inner half, would have taken place. The joint thus altered, and its articulating surfaces changed from the transverse to the oblique, being but illy able to support itself, would easily be displaced without steadiness being given to it for a long time, till by nature's absorbent and modelling power the corresponding surfaces had again returned to their original shape.

Experience, however, has not verified these conjectures. The articulating surfaces being but slightly, if any, altered, and structural contraction overcome once by tenotomy, the joint becomes restored to its natural position, and remains normal, a supporting apparatus only being needed for a comparatively short time.

Not being aware of any attempt to relieve this deformity by division of the flexor biceps femoris, none having been made public, I may lay claim to originality in offering the result of the following cases as confirmatory to the success of the practice, which recommends itself by being painless, easy of execution, and of speedy effect, not depriving the patient of the use of his limbs but for a few weeks.

Orthopædia having thus far failed in affording relief in the hands of most surgeons, resection of a V shaped piece from the head of the tibia has been resorted to with success by Dr. Mayer, of Würzburg, in 1851, (the case having been reported in the *London Lancet.*) Original, and yet successful as the latter operation has been in the hands of the Doctor, its hazard, however, and the prolonged confinement to which the patient had to be subjected in consequence of it, cannot fail to prevent its introduction, the necessity being entirely superceded by the successful results of *tenotomy*, in conjunction with gradual extension, as shown by the report of the following cases:

Walter Pope, 4 years of age, of Pittsburgh, was born well formed and healthy. When one year old dentition, accompanied by diarrhœa, reduced his strength, in consequence of which lateral deviation of both knee joints gradually and steadily took place. The upper part of his body grew naturally, the lower limbs remaining placid and diminutive.

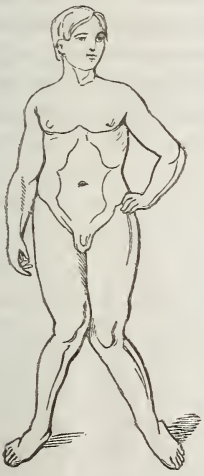
He is tolerably active, still falls frequently, both knee-joints touching each other, while the feet are widely separated, the patient resting on the inside of the foot, with the toes pointing outwards. The deformity is very great; the deviation of the crus from the natural line of the femur amounts to some seven inches. There is a semi-rotation outward of the head of the tibia, occasioned by the contraction of the tendo bicipit. femoris. On flexing the knee-joint the deformity disappears, but returns on extending it. The natural line of the tibia, also, has diverged from a concave to a convex one, the curvature being outward and somewhat forward. On October 6th, 1858, assisted by Dr. Henderson, the tendon of the biceps femoris was subcutaneously divided above its insertion into the fibula, the patient being under the influence of sulph. ether, and a tin splint, well padded, and hollow to fit the leg, laid upon the outside of the whole limb, confined by a roller from below upwards. No fever followed. The extension of the joint being daily increased, the patient, a few weeks after, began to stand upon his limbs. A few weeks later walking was commenced, with the knees still supported in the extended position. An orthopædical apparatus was then attached to his shoes, with a joint at the knee, resting upon the outside of the limb, by which the latter were kept in their restored positions. The boy rapidly gained strength, and was able, in six months, to walk without any support, which had been left off by his parents, the deformity not having re-appeared at the present date.

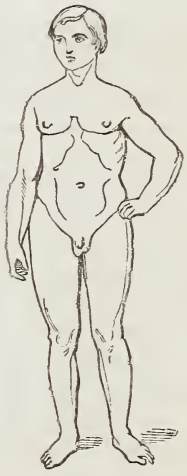
Peter McCoy, a lad of 16 years of age, of Alleghany city, born healthy. Contracted measles, followed by whooping cough, when three years of age, which reduced him greatly, and prevented locomotion for some time. Some months later he began to walk, when lateral deviation of the knee-joints inwards took place, and gradually increased. The knees touched

each other, the feet were widely separated, and the toes everted. The shaft of the tibia, also, bent inwards and forwards under the weight of the body. Various were the appliances tried by his physicians without avail. Tenotomy of the biceps femoris, above the fibula, was made on November 12th, 1858. A hollow tin splint was applied to the limb, and the gradual extension of the joint commenced a few days after. The deformity yielded gradually to the extending force, and was relieved at the expiration of three weeks. The boy began to stand upon his feet and walk with stiff knees for a few weeks, when the orthopædical apparatus was attached to his limbs, allowing him full freedom of motion. This was worn for a year, and then left off, the deformity not re-appearing. The muscles of the crus, before flaccid, have regained their natural fullness; even the shaft of the tibia having perceptibly returned to its natural line.

active, but increased the deformity, which was already very great, the feet turning as in confirmed valgus. The tendo bicipit. femoris was subcutaneously divided May 6th, 1859, under the influence of ether. Extension began a few days after, and was kept up for three weeks. The boy was then allowed to walk, the limb being supported by an apparatus. This was continued over a year, was then left off, no inclination of the deformity to return being perceptible. Since, he has become stronger, and bids fair to pass his childhood in health and vigor.

Mary Ann Eicher, of Pittsburgh, aged 5 years, of decidedly scrofulous constitution, plump and fleshy; was two years old before she could walk, her body being too heavy for the strength of her limbs. When she had passed her third year, scarlatina disabled her from walking for four months. Last fall her knees began to give way without any percepti-





Peter McCoy, 16 years of age, of Alleghany city.

As before the operation, Nov'r 12, 1858.

One year after the operation.

Henry Galbraith, 6 years old, of Pittsburgh; when born, was feeble, thriving but slowly; dentition was slow, and accompanied with protracted diarrhœa. He did not begin to walk until two years old, and then his knees already began to bend inwards. The upper part of his body increased in bulk and strength, while the lower part remained feeble. Locomotion, however, became pretty

ble cause, gradually bending inwards. Though never active on her feet, she could walk tolerably well, but would frequently fall, the knees striking each other. The deformity in this case, too, is very great; the line of the femur diverges at the knee-joint to almost a right angle, the tibia is curved inwards, the inner side of the soles of the feet touching the ground, with toes everted. On June 12th,

1860, in presence of Drs. McClelland, of Westmoreland county, and J. Greenawall, the tendo bicipit. femoris was divided, and gradual extension was commenced a few days after; the limbs at present being straight, and the patient already having the use of them, though supported by the outer splint. She walks about with ease, and will be able to dispense with the apparatus some months hence.

July 14, 1860.

Scrofulous Disease of the Spine;—Communicating Abscesses—Death—Autopsy.

By C. C. Sherard, M. D.
Resident Physician of Philadelphia Hospital.

Wm. L., twenty-five years of age, born in Scotland, shoemaker by occupation, entered the Philadelphia Hospital, April 17, 1860. While in health he weighed about one hundred and fifty pounds. Of late he had lost flesh considerably. His complexion was pale and scrofulous, eyes very clear and blue, hair light.

On his admission, he complained of no pain, except in the lumbar region on the right side, extending through the bowels. Nausea and continuous efforts to vomit were present.

From his own account, and that given by his friends, it appeared that some weeks previous to his admission he had suffered from intermittent fever, for which he had been treated. He had also complained of pain in the abdomen, above the right kidney, and in the neighborhood of the liver. No hereditary predisposition in the family. Four years ago he had had a cough; but none for the last two years, except when taking slight colds during winter. During the last fourteen months he had been a hard drinker.

Supporting treatment was employed, with morphia and blisters. He gradually sank and died May 14, 1860.

Autopsy 36 hours after death, general emaciation; brain not examined.

On opening the chest, the pleura of both sides was found thickened; both lungs bound down by adhesions, those of the right side being of recent formation, as shown by masses of whitish grey lymph upon the right pleura. A lympho-purulent, greenish looking mass was discovered between the 4th and 6th ribs. On further examination an abscess was found, the walls of which extended from the cartilages of the sternum to the vertebral column, from the 4th to 9th rib, and a communication existed with another abscess around the head of the 6th rib, communicating with the periosteum of the left side of the spinal column. The vertebral column in this neighborhood was found diseased four or five inches. The head of the sixth rib and the corresponding vertebra, with its transverse processes, were softened. This latter abscess communicated with the base of the lung on that side, and the pus found its way into one of the bronchial tubes. The bronchial glands were enlarged. The right lung was softened and highly œdematous. The left lung was congested, particularly posteriorly, and the upper lobe highly œdematous. Both lungs seemed to be the seats, more or less, of small metastatic abscesses.

The liver was enlarged, and somewhat fatty. The spleen enlarged to double its natural size, and its structure soft and pulpy. Left kidney enlarged and somewhat vascular; right kidney normal in size and structure, with the exception of incipient fatty degeneration.

Tubercular Deposits in the Walls of the Heart.

By C. C. Sherard, M. D.
Resident Physician of Philadelphia Hospital.

A colored boy, aged fourteen years, entered the hospital with a greatly enlarged and painful elbow joint, which was discharging profusely from several sinuses. With the object of relieving his sufferings and getting rid of the drain on his system by the continued suppuration, and at the same time to save the limb, the operation of resection of the elbow joint was performed by Dr. D. H. Agnew, in the month of February, 1859. The entire joint was removed, and the parts healed rapidly, allowing some slight flexion and extension.

A temporary relief was obtained, and the patient improved in appearance, but the disease soon reappeared at the resected parts, and suffering and emaciation again ensued.

In August, 1859, the arm was amputated

through the upper third, by Dr. R. J. Levis. The stump healed at once, and the patient was again restored to apparent health.

On the 7th of June last he re-entered the hospital, with a large scrofulous tumor on the left side of the neck, involving the submaxillary gland and adjacent cervical lymphatics. His appearance was otherwise healthy, and he complained of no pain.

He died suddenly, three days after admission.

An autopsy was made thirty hours after death. The tumors were large, and contained softened tubercular deposit, and the mass pressed deeply on the subjacent nerves and vessels. Miliary tubercles were diffused throughout the upper portions of the left lung.

On the pericardium were several black masses, which appeared to be melanotic. The heart was double its natural size, and the walls very much thickened; *tuberculous deposits existed abundantly in the muscular structure of the ventricles.*

On examination of the brain, liver, kidneys and other organs, no further tubercular deposition was discovered.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D.)

WEDNESDAY EVENING, MARCH 28.

DR. COATES presiding.

Subject for Discussion: DIPHTHERIA—continued.

(Continued from page 317.)

Dr. NEBINGER said, that, upon a previous evening, he had made some observations upon the so-called diphtheria, and at the conclusion of his remarks had asked "if the experience of the members would warrant them in regarding scarlet fever and the so-called diphtheria as the same disease, differing only in variety, as, for example, scarlatina simplex differs from scarlatina maligna." The object of the question, as then announced, was for the purpose of giving broader scope to the discussion. The inquiry has not met with the attention, nor called forth the facts, he was confident the members are possessed of, and which he had hoped it would. For one, he was happy in having an opportunity to declare that his conviction, based upon observation and reason, is, that diphtheria is an accumulation and development of morbid phenomena, produced by the materies morbi of scarlatina; that it is scarlet fever without the rash; and here he would remark, that there is not a wider departure in the morbid phenomena of the so-called diphtheria from those of scarlatina maligna, than there is in the phenomena of scarlatina simplex from those of scarlatina maligna; and if diphtheria cannot be regarded as a variety of scarlet fever, because of the absence of the eruption, it is equally as reasonable and philosophical not to regard scarlatina simplex as a variety of scarlatina, because the angina is absent—the disease of the fauces in scarlatina being at least as important, and as attractive as a phenomenon of the disease, as is the efflorescence of the skin. In diphtheria we have all the phenomena that we have in scarlatina maligna, with the exception of the rash; whilst in scarlatina simplex all the striking and important phenomena of scarlatina are absent, with the exception of the eruption. Indeed, regarding scarlatina maligna as the type—the full expression of all the phenomena of fully developed scarlatina—then is it true that diphtheria is vastly more like the type than is scarlatina simplex, and being more like the type, and springing up under the circumstances which it does, examples of which he narrated on a previous evening, it deserves to be recognized as a form of scarlet fever.

In this view, he was happy to say he was not alone. When, on a previous evening, he declared his conviction that diphtheria was a diseased condition of system produced by the scarlet fever poison, and that all it wanted to constitute it undoubted scarlatina was the eruption, he was not aware that he was sustained by so much authority as, by a reference to a few works on disease, he finds is the case. How largely he is sustained, he was not able to say, as he has, in his consultation with authorities, been from his daily engagements unable to go beyond his office library. To these authorities he begged to call the attention of the members. Dr. Wood, in his article on scarlatina, remarks, "It is certain that cases of fever with sore throat sometimes occur during the prevalence of scarlet fever, having all the symptoms and running the exact course of that disease, whether in its milder or malignant forms, with the single exception that the eruption is wanting. It is even stated by Willan, that such cases are capable of imparting scarlet fever." (Wood's Practice, p. 402, vol. 1.)

At this time, scarlet fever is prevailing in Philadelphia, and co-existing with it is this so-called diphtheria, a disease which, whether in its milder or malignant forms, presents symptoms and condi-

tions so close in their resemblance to scarlet fever, that if the slightest amount of eruption was present, it would unhesitatingly be pronounced scarlatina; and it is doubtlessly to this form of scarlet fever—the scarlet fever faucium of some writers—that Dr. Wood refers when he says, "Cases of fever with sore throat occur. . . having all the symptoms of scarlet fever, and running the exact course of that disease, with the exception that the eruption is wanting." If then it is, in its symptoms, so nearly allied to scarlatina, that it requires the presence of the eruption only to make its identity positive and undoubted, and as it is possible that cases of scarlet fever of the malignant form do occur without the rash, the mere absence of the eruption in diphtheria is not sufficient to cause us to regard this as another disease than scarlatina, particularly when it has, as its sequelæ, the same secondary affections as succeed scarlet fever. But are the symptoms of diphtheria and scarlet fever analogous? Let us compare them: Scarlatina maligna is introduced sometimes with a rigor, at other times with only slight chilliness. Diphtheria, of a severe form, is also introduced by a decided rigor, or with slight chilliness. In scarlet fever, you have decided febrile action following the rigor; so do you have in diphtheria. In scarlatina maligna, you have the feeling of great prostration, pain in the back, limbs, swelling of the tonsils, and patches of lymph or pseudo-membrane upon them, erythema of the fauces, and enlarged and painful cervical lymphatic glands. In diphtheria, you have the same feeling of prostration, pain in the back and limbs, tumefied tonsils, dotted with patches of lymph or membrane, erythema of the fauces, and swelled and painful cervical lymphatics.

Thus far the symptoms of the two diseases are alike, springing up in the same order and running in parallel lines with each other. But in scarlatina maligna you generally have an efflorescence of the skin. I say generally, not universally, and in this only is it that the resemblance does not hold between these two forms of disease. But as we have high authority for declaring that cases of fever with sore throat sometimes occur, and run the exact course of scarlet fever, with the single exception that the eruption is wanting, and that scarlet fever with the eruption has been contracted by persons coming in contact with those, Dr. N. said he felt himself justified in concluding that the so-called diphtheria is a disease produced by the scarlatina poison; and hence that it is scarlet fever without the rash—"scarlatina faucium."

Again Dr. Wood remarks: "The epidemic influence differs greatly in its effects in different instances, . . . occasionally causing a particular direction of the irritation—sometimes, for example, to the bowels, *sometimes to the air passages, and sometimes with especial violence to the fauces.*" (Ib. p. 404, vol. 1.)

At this time, scarlet fever is prevailing in Philadelphia, and in this instance, owing to some peculiar susceptibility or impressibility of persons, "the peculiar direction of the irritation" is "with especial violence to the fauces and air passages," and is giving rise, in some cases, to that form of scarlatina called by some scarlatina faucium, because the fauces are seriously involved, and the skin is without any efflorescence upon it, thus constituting that form of scarlet fever referred to by Dr. Wood, when he says "it is certain that cases of scarlet fever with sore throat sometimes occur, having all the symptoms, and running the exact course of the disease in its malignant form, with the single exception that the eruption is wanting." As, then, we have shown by authority—which indeed it were almost superfluous to adduce, as each member present is authority to himself, having witnessed the fact—that "scarlet fever with sore throat, running the exact course of that disease in its malignant form, without the rash," does sometimes exist, we feel, therefore that the absence of the rash in the so-called diphtheria is not of itself sufficient to justify us in rejecting it as a form of scarlatina, and that we must have other and positive evidence to warrant us in deducing such conclusion; has such evidence been presented, or can such be adduced? He thought not, while the evidence is not difficult of production to prove the identity of scarlatina and diphtheria.

To some of the evidence establishing this proposition, Dr. N. said he would now invite the attention of the society. The same authority we have been quoting, Dr. Wood, in his article upon diphtheria, uses this language: "From its (diphtheria's) resemblance to the malignant sore throat of Fothergill, Huxham, and others, with which it is by some writers maintained to be identical, and, from the simultaneous occurrence of both the affections with epidemic scarlatina and the close analogy of their local symptoms with the throat affection of that disease, the inference is not without plausibility that they may all be produced by the same cause." (Ib. p. 499, vol. 1.) Dr. Wood further observes, that "the malignant sore throat described by Fothergill, Huxham, and Cullen," under the name of cynanche maligna, is now universally admitted to be a modification of scarlatina. (Ib. p. 502, vol. 1.) Thus, then, we have Dr. Wood first declaring "that diphtheria is by some writers maintained to be identical with the malignant sore throat of Fothergill, Huxham, and others;" next asserting that "the malignant sore throat described by Fothergill, Huxham, and Cullen, is now universally admitted to be a modification of scarlet fever;" therefore diphtheria being this malignant sore throat, hence

it is a modification of scarlet fever. Dr. N. thought the day was not far distant when a Dr. Wood would be found recording of the Fothergills, Huxhams, and Cullens of our day, who are endeavoring to make out of the so-called diphtheria a disease which has not its origin in the scarlet fever poison, and therefore not a modification of scarlatina, that they have fallen into error, as "it is now universally admitted to be a modification of scarlet fever." If Fothergill, Huxham, and Cullen, with their fine powers of observation, great acumen, and exalted reflective powers, were not able to discover, in their cynanche maligna, modified scarlet fever as "it is now universally admitted to be;" and if at not a very long time ago medical observers were not able to draw the line of demarcation between scarlet fever and measles, but classified both diseases under the head of the latter, it is not, while we hold these facts in view, very wonderful, if wonderful at all, at the present time, that some of us, with acumen, powers of observation and reflection not superior to those possessed by Fothergill, Huxham, and Cullen, should not be any more able than they were to recognize, in the so-called diphtheria, modified scarlatina. Indeed, in this very room this evening, we have had a specimen of morbid anatomy presented by a member, and we have seen, while he who presented it regarded it as a diphtheritic specimen, another regarded it as a scarlet fever product; and both of these are gentlemen of great experience, acknowledged ability and authority. When such disagree, who shall decide? But (said Dr. N.) I must hurry on with my authorities. Dr. Willan (Cutaneous Diseases, p. 277, 281) remarks, "It is truly singular that the slightest of all eruptive fevers, and the most fatal disease known in this country, should rank together and spring from the same origin. Experience, however, (he continues) decides that simple scarlet fever, the scarlatina anginosa, the scarlatina (or angina) maligna, and the scarlet ulcerating sore throat, without the efflorescence on the skin, are merely varieties of the one disease; that all of them proceed from the same source of contagion is evident, because, under the same roof in large families, some individuals have the disease in one form, some in another, about the same period."

Just such cases as those referred to by Dr. Willan of scarlatina without efflorescence on the skin, are those that I described on a previous evening, and these are the cases which are being called diphtheria, but which were recognized by Willan as the scarlet ulcerating sore throat without efflorescence on the skin, having their origin in the scarlet fever poison, and hence is a variety of scarlatina.

Dr. Billing (First Principles of Medicine) observes, "It is by no means uncommon for those who have had the disease (scarlet fever) to suffer from sore throat, scarlatina faucium, when they are in attendance upon one laboring under scarlatina."

Dr. Johnstone has related, in his description of epidemic scarlatina which prevailed in Worcester in 1778, that some individuals at the first seizure were, more or less, severely attacked with the scarlet eruption, with swelling, redness and ulcers of the throat; yet others, in the same family, infected from them and by them, had ulcerated sore throat without any efflorescence or eruption on the skin."

In a paper entitled "Cursory Remarks on the Appearance of the Angina Scarlatina in 1793, by Dr. Lettsom," several cases are given of this form of scarlatina: "In one case, the disease assumed the character of scarlatina maligna, but without the efflorescence."

A. Tweedie, from whose article upon scarlatina, contributed to the Cyclopœdia of Practical Medicine, these authorities have been taken, endorses them by saying, "These statements concur exactly with our own experience. . . We had lately an opportunity of observing in one family the simultaneous appearance of the various forms of the disease."

In a lengthy and able report of the diseases of Missouri and Iowa by Dr. Thos. Rayburn, published in the eighth volume of the Transactions of the American Medical Association, he gives a history of an angina accompanied with erythematous redness of the fauces, tumidity of the tonsils and *exudative* action." In remarking upon it, he says: "Accompanying the scarlet fever which occurred in St. Louis county, there was an erythematous angina; that an unusual tendency was observed in subjects of all ages towards erythematous angina during the scarlet fever epidemic. The angina did not confine its attacks to subjects who had been previously unaffected by scarlet fever, nor yet to such as were exposed in the vicinity of cases of that disease. Its symptoms were erythematous redness of the fauces, with but slight tumidity of the tonsils, the follicles of the region were tumid, and in a few instances presented exudative action. Pain in deglutition, soreness of the muscles of the neck, some tumidity of the lymphatics beneath the angles of the jaw, with a grayish pasty coating over the tongue." In every twelve deaths by scarlet fever, there was one by this angina. If Dr. Rayburn had been called upon to describe the so-called diphtheria which is now prevailing in this city, his description would be precisely his description of the erythematous angina of Missouri and Iowa, which doubtlessly was the scarlet fever sore throat, without rash of Dr. Wood and the scarlatina faucium of other writers.

Thus, then, (said Dr. N.,) I have presented authorities and facts which clearly establish that scarlet fever anginosa without the rash does frequently

present itself, and that, too, in some instances in a malignant and deadly form. It being established, then, that scarlet fever can exist and there not be any eruption, it will not do to declare that diphtheria is not a form of scarlet fever, because the rash is wanting. There now remains to be shown (said Dr. N.) the close resemblance—nay, the identity between scarlatina and diphtheria—to prove the common origin of both diseases. Can this be done? We shall see. "The simultaneous occurrence," almost universally, of scarlatina and diphtheria is significant, and strongly suggestive, of the common origin of the two affections. If this is not the case, then it is truly wonderful—the intimate companionship, not to say relationship, which exists between the blood poisons which produce these diseases, an intimacy so close that they cannot be separated. It would appear, indeed, that they noiselessly move abroad, locked arm, as it were, each selecting his victim upon whom to breathe its peculiar foul and deadly venom.

It has been admitted, nay, it will not be denied, that the so-called Diphtheria is followed by the same sequelæ as follow scarlatina. We have as the sequelæ of diphtheria, rheumatic pains, perulent discharge from the ears, dropsy, albuminuria, and anæmia. What more have we as the sequelæ of scarlet fever? Thus then, from our own observation, as well as from those who have written upon diphtheria, we know that not only in its introduction and development that it resembles, yea, is identical with scarlatina, save only that the eruption is not present; but we also know that in its sequelæ it is identical with the sequelæ of scarlet fever. Then, with these facts before us, and then recollecting that undoubted authorities and observers have declared that scarlet fever in its malignant form sometimes exists without any efflorescence on the skin, how can we come to any other conclusion than that diphtheria is a variety of scarlatina—scarlatina faucium. Then, too, how this conclusion is strengthened, when we reflect upon the treatment which has been almost universally declared as the most successful in the management of the malady. The accumulating evidence at this day in regard to what is the best medication in scarlet fever, points to chlorine in some form as the internal, and nitrate of silver as the local remedies. And is not this medication almost universally admitted to be by far the best treatment for diphtheria? I am compelled, said Dr. N., to regard diphtheria as an accumulation and development of morbid phenomena, produced by the materies morbi of scarlatina—first, because of the almost universal co-existence, or simultaneous occurrence of diphtheria and scarlet fever; second, the close resemblance of the two forms of disease, in their introduction and development; third, their sequela; and fourth, the similarity of the treatment of the two diseases. To me, said Dr. N., this conclusion is rational and irresistable. He could not come to any other. And so, concluding, he held that diphtheria is the "scarlatina fancium" of Willing, Tweedie, Billing, and Johnstone; the "scarlet fever, without the eruption," of Wood; "the cynanche maligna" of Fothergill, Huxham, and Cullen; the "scarlatina maligna without efflorescence on the skin" of Lettsome, and the "erythematous angina" of Rayburn.

[NOTE.—Since the discussion, I have treated a case of the so-called diphtheria, which by its phenomena demonstrated to me that this disease, as I in the discussion endeavored to prove, is only a form of scarlatina, and not a distinct disease. As a brief report of the case referred to will not be without interest, especially in connection with the discussion, I here give it:

Mary W., aged 10, was seized, on Sunday, April 1st, 1860, with a chill, followed by fever, sore throat, difficulty of deglutition, pain in the head, back and limbs. Her mother, regarding the little girl's indisposition not serious, treated her with domestic remedies, until Tuesday, April 3d, when, becoming alarmed at her daughter's condition, I was sent for. When I visited her, she had much fever, her pulse was small and quick, her skin dry, her countenance distressed and anxious; she complained of severe headache, soreness of the neck, and great difficulty and pain in swallowing. Upon examining her mouth and throat I found the tonsils much tumefied, so much so as to have forced the uvula out of its normal position. The tonsils were nearly covered with thick patches of lymph, or diphtheritic membranous deposits; the soft palate and arch of the mouth was of a dingy scarlet hue, the tongue moist and coated. The little girl's general and local symptoms being grave, I stated to the mother the imminent peril her child's life was in, and in response to her inquiry of the nature of her daughter's illness, remarked that she had scarlet fever sore throat, or scarlet fever without the rash. On Thursday, the third day after she came into my care, I saw indications, for the first time, of amendment. On the following day, Friday, her symptoms of amendment were more decided. This day her mother called my attention to her skin, saying, that since last night a rash had been coming on her skin. I examined her, and found that her mother's statement was correct, and that the rash was the scarlatina eruption. On the following day, Saturday, when I visited her, upon examining the surface of her body, I discovered that the eruption had so completely disappeared that it was scarcely observable.

The point of great interest in this case is, that although the little girl was taken ill on Sunday, and her constitutional symptoms and her angina were grave, it was not until Friday, the second day after

her improvement commenced, and the fifth day after she was attacked, that the rash made its appearance; and notwithstanding it was universally diffused over her body and limbs, and was of a decided scarlet color, it continued but twenty-four hours. This case had about it all the marks or symptoms of the so-called diphtheria, and had it been seen by Bretonneau himself, I feel confident he would, from Sunday up to Friday, have pronounced it an unmistakable, well-marked case of diphtheria; and so it was his and other's diphtheria; and the rash, the scarlet rash, just manifested itself on Friday and continued twenty-four hours, to demonstrate that diphtheria is not a distinct disease from scarlatina, but a form of that malady—that it is "scarlatina faucium."]

Dr. CONDIE entirely agreed with the gentleman that, so far as relates to the general pathological character of the diseases, a very close relationship exists between membranous angina, croup, scarlatina, and he would add, also, erysipelas. The very close similarity in many of their features, between membranous angina and certain epidemics of erysipelas that have prevailed widely throughout a large portion of our western country, and denominated, from the early and prominent implication of the tongue and fauces, "black tongue," has been pointed out by more than one of those by whom we have been furnished with descriptions of such epidemics.

In all of the diseases referred to, including perhaps croup in its epidemic form, the throat affection is secondary, evidently, to some general morbid condition of the system. A poisoned state, probably, of the blood. The exudation upon the mucous membrane of the fauces is somewhat different, it is true, in each of these diseases, in respect, at least, to its color, consistency and adhesiveness, yet not so much so, but what in cases of membranous angina, scarlatina, and faucial erysipelas we may have suddenly developed all the symptoms of croup. While, in cases of epidemic croup, besides the presence of the same adynamic type of fever which is seen in membranous angina, the effusion upon the mucous membrane of the throat does not commence, as in the sporadic form of the disease, to form in the larynx, but, as in membranous angina, upon the tonsils, soft palate, and pharynx, and from thence extends into the larynx.

But while Dr. Condie admitted a general relationship to exist between the pathological conditions of the system in the diseases referred to, he could not agree with Dr. Nebinger, that membranous angina, croup, and scarlatina, were identical in all respects. That such is the case with respect to membranous angina and croup was maintained, he was aware, by Bretonneau, Barthez and Rilliet, and Guersent, and long before their time, by Bard and Johnstone, but the correctness of the observations upon which their decision is based may be, very properly called in question.

As respects scarlatina, cases do, certainly, not unfrequently occur, especially of the more severe forms of the anginose variety, which it is very difficult to distinguish from well marked severe cases of membranous angina. The very fact that the latter disease is liable to prevail at the same time with the former is strong evidence of the close relationship of the two, but cannot be adduced in support of their absolute identity.

In proof of such identity, Dr. Nebinger would seem to place great weight upon the fact that, many of the sequelæ observed after an attack of scarlatina are also observed often to follow in the train of membranous angina, such as severe pains of the limbs, dropsical effusion and albuminous urine, etc. From this circumstance, however, no evidence can be derived in favor of the position assumed. It indicates merely that in both diseases the entire system is involved. It was remarked on a certain occasion by Professor Jackson, that the presence of albuminous urine could not be received as pathognomonic of any particular malady, inasmuch as it has been detected in almost every severe disease; it is certainly of very common occurrence in almost every affection in which the entire system becomes involved, especially in blood diseases like membranous angina and scarlatina. In these, the kidneys being affected in common with all the other organs, it is but reasonable to suppose that their functions would be to a greater or less extent disturbed, even if their entire disorganization should not occur.

Between membranous angina, croup, scarlatina, and erysipelas, it is certain that a very broad and decided diagnosis may be drawn.

Thus, in cases of ordinary sporadic croup, the inflammation commences, and in the first instance is confined to the larynx, its extension, when this takes place, being into the trachea. While, on the other hand, the asthenic inflammation of the throat in angina membranacea, commences in the tonsils, pharynx, and soft palate, and extends usually into the posterior nares and œsophagus. In idiopathic croup, there is neither fœtor of the breath, discharge from the nostrils, nor swelling of the lymphatic glands of the neck. The occurrence, also, of diphtheritic deposits on any portion of the surface of the body that has become from any cause denuded of its cuticle is in cases of croup of very rare occurrence. In croup, again, when the termination is favorable, the period of convalescence is short, the patient rapidly regaining his normal condition of health,

while the reverse is the case in respect to membranous angina.

From scarlatina in its more open and regular forms, membranous angina is to be distinguished by the absence of the characteristic eruption of the surface, and of the peculiar punctated appearance of the tongue so commonly observed in the early period of the former disease, by the slower formation of the membraniform coating of the faucial mucous membrane in scarlatina, and its entire absence in nearly all of the milder cases, and by the absence in membranous angina of the extensive desquamation of the cuticle, often in large patches, with which scarlatina is always succeeded.

From erysipelas of the faucial mucous membrane the diagnosis of membranous angina is attended with greater difficulty than is the case in respect to either croup or scarlatina. Particularly difficult is the diagnosis in cases of faucial erysipelas, where this is neither preceded nor accompanied by any disease of the skin. In erysipelas of the throat, however, there is far greater tumefaction of the affected parts, apparently of an œdematous character, and of the tongue, also, than usually occurs in membranous angina. The exudation which takes place upon the mucous membrane of the fauces in the latter disease is softer, less membraniform, and often of a puriform character, while, from an early period in the attack, the tongue is very commonly of a dark mahogany or even black color, dry, and deeply chapped.

Dr. Condie concluded by observing that, while he considered it to be of importance that the general relationship of the several diseases referred to with membranous angina in their leading pathological character, should be kept steadily in view, he nevertheless believed that, to view them all as identical affections would be replete with the most mischievous consequences.

Dr. J. C. Morris thought that the difficulty of breathing in the case narrated by Dr. Darrach, might be explained by reflex action. The surfaces which exhibit such intense inflammation in the specimen are precisely those to which the glosso-pharyngeal nerve is distributed; or rather to speak more correctly, those from which it conveys impressions to the central nerve-ganglia. If a crumb of bread or other irritating foreign matter becomes lodged in the pocket between the epiglottis, violent coughing spells occur attended often with shrill whooping inspiratory efforts, as no doubt we have frequently seen. This is due to the action of the inferior laryngeal nerve and the spinal accessory, which are distributed to the muscles of the larynx and neck mainly concerned in respiration. Two instances have been brought under my notice, in which the function of the pneumogastric has been interfered with in the human subject. The first was that of a child, who had suffered under scarlatina anginosa, but was doing well and able to sit up. An abscess formed in the neck and suddenly broke into the sheath enclosing the pneumogastric, causing the almost instant death of the child. The second instance was that of an infant four months old, who was seized with an inflammation of the right tonsil and lymphatic glands in its vicinity, which ran on to suppuration in a few days. The symptoms closely resembled those following the section of the pneumogastric on one side; great difficulty of swallowing from the passage of fluids into the larynx, constant accumulation of mucus in the fauces, with slowness and irregularity of the respiratory movements in which the accessory muscles were called into play. The abscess discharged internally on the fifth day, immediate relief being thereby obtained. I think that in this case, pressure upon the pneumogastric from the neighboring tumefaction prevented the due performance of its functions; and do not doubt that death would have ensued if the pressure had not been relieved.

Adjourned.

EDITORIAL DEPARTMENT.

Periscope.

Snake Bites.—Dr. W. D. Johnson, of Hernando, Mississippi, reports, in the New Orleans *Medical and Surgical Journal*, (July,) his experience with tobacco and alcohol, as antidotes in the bites of poisonous reptiles and insects. He has used tobacco both externally and internally, combined, however, with free alcoholic stimulation. The tobacco produced nausea and vomiting in every case in which it was resorted to. Dr. Johnson regards either as efficacious when administered in time, and both together more prompt than either separately. He considers the patient as safe when nauseated or intoxicated, and proposes the internal administration of alcoholic stimulants, and the local application of tobacco, either as cataplasm, decoction, or infusion, as the best treatment. The local application of the tobacco greatly relieves the pain consequent on the swelling, and tends to arrest the swelling itself.

Death from Chloroform.—In the July number of the New Orleans *Medical and Surgical Journal*, Dr. Humphrey Peake, of Yazoo city, Mississippi, relates a case of death

from chloroform, occurring in his practice. The patient was a man much debilitated from previous disease, irregular life and intemperance, and suffering from disease of the leg, for which amputation was resorted to. He was brought very readily under the influence of the anæsthetic. While the cutaneous section (circular operation) was being made, the patient's breathing and pulse suddenly stopped. Artificial respiration was resorted to, but without success.

Substances introduced with the Air into the Lungs.—M. G. Pouchet, in a communication made to the Academie des Sciences, (see *Gaz. Hebd.*,) states that he has found in the respiratory organs of man the same atmospheric corpuscles which he has found in animals. In two persons who had died in one of the Parisian hospitals—a man and a woman—whose lungs he injected, Pouchet found a notable quantity of wheat dust, particles of silica and fragments of glass, small particles of wood of a fine red tint, debris of clothing, and finally a larva of a microscopical spider, yet living.

M. Pouchet has met with debris of the same nature in the expectoration.

Reviews and Book Notices.

On Obscure Diseases of the Brain and Disorders of the Mind.—Their incipient symptoms, Pathology, Diagnosis, Treatment, and Prophylaxis. By FORBES WINSLOW, M. D., D. C. L., OXON. etc., etc.—Blanchard & Lea, 1860.

The author of this volume has long been known as one of the most ardent cultivators of that difficult and interesting branch of medicine, *mental diseases.* His labors as the editor of the "Psychological Journal," his writings as an author, his lectures as a teacher, are replete with instructive observations and facts. Forbes Winslow stands acknowledgedly at the head of English psychologists. There is one peculiarity in which his writings favorably differ from those of others. What he says is to the point; his sentences are perspicuous, his style fluent. Opening a page in the work before us, at random, we find but one sentence occupying more than five lines. All the rest are not more than two or three lines in length. This style of writing shows that the author is dealing with facts, and that he knows how to state them.

Nowhere is such a style more desirable than in treatises on insanity. How often have we been driven nearly to despair, when obliged to peruse a work, in which every sentence was overshadowed by a metaphysical cloud, and where facts were so fenced in with commas, semicolons and parentheses, that we had to leap boldly and climb tediously to get at them.

We have said this much about the style of the book, to assure our readers that in treating "obscure diseases of the brain and mind," the author does so in by no means an obscure manner. To read this volume is not only an easy and instructive, but a pleasurable task. Every point upon which the author dwells is illustrated by cases and clinical observations.

The first chapter is devoted to a consideration of the importance of paying early attention to cerebral disorders. All affections of the brain have an incipient stage. This, unfortunately, is often neglected, the symptoms overlooked, until the disease is manifest in its full violence, and the patient frequently beyond the reach of medical treatment

The morbid phenomena of intelligence are next taken up. It is hardly necessary to say that Dr. Winslow belongs to the somatic school of psychologists. Yet, with laudable modesty, he throws aside this "complex question," simply affirming, "as a general *postulate*, that all structural lesions of the encephalon, its investing membranes and blood vessels, are associated with some derangement, modification, or altered action of the *physical, motorial* or *sensorial* functions of the great cerebral ganglion, πρῶτον Αἰσθητήριον, the sensorium commune." These derangements are then discussed seriatim. The mind may be in a state of morbid

1. Exaltation.
2. Depression.
3. Aberration.
4. Impairment.

These conditions of unhealthy intelligence, says the author, exhibit in their origin, progress, and termination, a variety of shades and degrees of disturbance, and disease, commensurate with the nature, extent and position of the cerebral lesion.

The premonitory symptoms of insanity are considered in a short chapter. The great analogy between certain forms of insanity and dreaming is dwelled upon. Here the author advances nothing new. Indeed we can hardly believe that the mental phenomena of insanity, dreaming, etc., will ever be better described than has been done years ago by Abercrombie. The next chapter is devoted to the confessions

of patients after recovering from insanity; or the condition of the mind when in a state of aberration. Curious, certainly, are some of the descriptions which recovered patients give of their condition during attacks of insanity. Some interesting cases of this kind are quoted from the American Journal of Insanity. The state of mind on recovering from insanity is then dwelt upon by the author, and, like the former chapter, illustrated by observations.

Though curious and interesting, in a practical point of view, the chapters which we have so far enumerated, are not very important. The very nature of insanity, as far as its mental manifestations are concerned, is that the patient always confounds the *objective* with the *subjective*, or, rather, that he loses, more or less, the power of perceiving and reasoning *objectively*. Little reliance can hence be placed upon the patients recital of his condition during, and while recovering from, an attack of insanity.

With the next chapter, (VI.) Dr. Winslow enters into the consideration of questions of deep practical interest—anomalous and masked affections of the mind. Insanity in children and young persons is first discussed. The following two cases occurred under the author's own observation. A young gentleman, whilst studying for university honors, had an attack of insanity. He was sitting up late at night, busily occupied in reading, when he was suddenly seized with an impulse to destroy everything within his reach. He first broke the lamp on the table, then a pier-glass; he subsequently tore up and destroyed a number of books, and did great injury to several articles of value in the room. He left home about three o'clock in the morning, and came back at eight, covered with filth, *apparently in full possession of his senses!* He refused to give any explanation of his conduct, or to say where he had been. When pressed upon the subject, he became irritable, sullen and morose. This gentleman continued mentally well for *twelve* years, when insanity again developed itself, and he has remained from that period in a deranged state of mind. A patient, now insane, manifested, at the age of *ten*, decided symptoms of mental aberration, and to such an extent, that, occasionally, for days it was deemed necessary to confine mechanically the hands, so mischievous were the child's tendencies. At the age of fifteen, he, appearing like other boys, was sent to a public school, and it was not until he was *thirty* that his insanity again manifested itself, and then it was considered necessary to place him under restraint. In juxta-position with these cases, the author quotes Esquirol, Pinel, Brierre du Boismont, to show that the causes of insanity do not act abruptly, except when the patients are strongly predisposed. "Almost all the insane exhibit, before their disease, some alterations in their functions, alterations, which commenced many years previously, and even in infancy. The greater part had had convulsions, cephalalgia, colics or cramps, constipation and menstrual irregularities." (Esquirol.)

In our own country, the age between twenty and thirty, according to Dr. Winslow, shows the strongest disposition to insanity, while in England the age between thirty and forty shows the maximum; "and this is fairly ascribed to the earlier age at which young men enter the world and engage in business and politics. One of these beardless men of business said to his physician, 'I am convinced this kind of life which I lead will drive me mad or kill me; but I must go on.'"—"In four American asylums, which contained 2790 patients, 33.73 per cent. were between twenty and thirty, and 24.41 per cent. between thirty and forty years of age. That the kind of education which the youth in the United States receive has a powerful influence on the development of insanity is proven by Evans and Worthington, in their reports of the Pennsylvania asylums. Dr. Wigan gives, in his unpublished writings, an account of crimes committed by young people without any object. The age of the youthful malefactors was between sixteen and seventeen for girls, and between seventeen and eighteen for boys. There was this in common, that there had not previously existed the slightest animosity towards the persons against whom they perpetrated outrages. According to Wigan, the great number of these young people had epistaxis, which among the females appeared with the regularity of menstruation. The crimes were generally committed after the temporary cessation of this habitual flow."

We have thus quoted at length because the subject is one of immense importance to the American people. Insanity, suicide, and juvenile crime have for years been on the increase, and it becomes one of the most important social questions of the day, how to counteract these evils. To do this, it is necessary to strike at the very root of the evil, and nip it in the bud. "*Mens sana in corpore sano*" must be made the very basis of the educational system of our country before we can expect a

better state of things. Children are now condemned to a sedentary life in crowded schoolrooms, when they ought to run wild in gardens and meadows; their brain is made to dwell upon things intellectual and spiritual, when they have hardly acquired nerve-power enough for the purposes of energetic and proper muscular motion; their fancy and imagination is excited before they have had time fairly to accustom their eyes and ears to the realities of the outer world;—is it a wonder that our miserable system of the education of the young, destroying the physical health while it is yet in its early growth and development, leads to idiocy, insanity, suicide and crime? Add to these already powerful causes, the fast life of our American people, and we need no longer be astonished at the remarkable increase of insanity, and the early period of life when it occurs.

From the consideration of insanity in early life, and the incipient symptoms of insanity, the author passes on to the diagnosis of insanity. It is, of course, impossible for us to follow him step by step in this review. We can only mark some of the most prominent points here and there.

The author refers in the following language to the position of the "expert:" The position of a physiological "expert" is not to be ambitiously coveted. In cases of alleged insanity, he is occasionally compelled, when elucidating in courts of law, the phenomena of mental derangements, to enunciate principles, as a pioneer of truth, *in advance* of the knowledge possessed by those who sometimes examine, and often severely, unjustly, criticise and calumniate him; when giving evidence on scientific points, he is occasionally and unavoidably obliged, in the expression of his opinions, to go counter to what is termed the "generally received" notions on the subject of insanity. If it be his desire, in imitation of certain dilettanti psychologists, to sail with the popular breeze, and to pander to the opinions of the vulgar, by making his views of insanity square with those ordinarily entertained by the nonprofessional, psychologically uneducated, and medically inexperienced, part of the community, his task is a facile and an easy one; but if he forms a just estimate of his position, as a lover and cultivator of science, and possesses a philosophic appreciation of his responsible vocation as a citizen of the state, physician and medical jurist, and is resolved not to yield one inch of ground in his honest exposition of scientific truth, in deference to popular fallacy, or in slavish obedience to ignorant abuse and noisy clamor, he must expect to pay the penalties attaching to his exhibition of moral courage, and firm and unflinching adherence to the path of public and professional duty. He may be maligned, misrepresented and traduced for adopting this honorable principle of conduct, but the cause he has espoused must eventually triumph over all difficulties, temporarily obstructing its steady, onward and advancing progress."

We would like to quote in full the author's remarks on the plea of insanity in criminal cases, but we have only room for a few. "In defending the memory of the suicide from the disgrace that would accompany a verdict of *felo de se*, the evidence of the medical man, *proving insanity*, is regarded with great respect and treated with profound deference; but in the effort to rescue a poor lunatic from the agonies of a painful death upon the scaffold, on evidence much stronger, the expert is exposed to unmitigated abuse. Instead of being considered as an angel of mercy, engaged in the exercise of a holy and righteous mission, he is viewed with suspicion, and often treated with contumely, as if he were attempting to *sacrifice*, instead of to *save* human life. The public mind is violently shocked at the commission of a horrible and brutal murder. The act is viewed in the abstract as one of great and barbarous atrocity, apart altogether from all its concomitant, extenuating, medico-psychological considerations. The cry is raised for 'vengeance!' The shout is, 'an eye for an eye! a tooth for a tooth! blood for blood!'" How true, how sadly true! It is but a few months since poor, insane Maude fell a victim to these popular errors in regard to insanity.

In another chapter the mental abilities of the insane are discussed. Their mental acuteness and instinctive sagacity is illustrated by many cases. But we have no space to extend this notice. Suffice it to say that this clear, elegantly written treatise, replete with remarkable and valuable observations by one of the first psychological physicians of the day should be found in the library of every physician, and its careful perusal by gentlemen of the bench and bar would do no harm to them, while to the general reader of cultivated taste it will be none the less interesting.

———o———

Dr. William Langshaw, of East Cambridge, has joined the Arctic schooner United States, as surgeon and naturalist to the expedition.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JULY 21, 1860.

REFORMS IN MEDICAL EDUCATION.

With the reforms and changes in the study of medicine, indicated in our last article, it becomes necessary that the time for study should be extended. Four years cannot, at present, be considered too long a time, if we take in consideration the large amount of material which the student is obliged to master. Indeed, none of the changes spoken of in our former article can be carried out, unless the term of study is extended. The last year of study should be entirely devoted to clinical medicine and surgery, while in the three first the student will have ample time to get a thorough knowledge of the elementary parts of the science. How is it at present? Two years out of three are spent in a physician's office; and, though we would not by any means underrate the value of office-study, it must be admitted that in many important branches it fails entirely.

Let us suppose that a young man, of excellent preparatory education, to enter the office of a physician; he reads anatomy, physiology, materia medica, and surgery, perhaps, for a year. The time devoted to the first is almost a complete waste of time. Six weeks' practice in the dissecting room would teach him more than six months' reading. He wades through materia medica and therapeutics. Then a work on physiology is put in his hands, and before he has dissected, before he has any definite ideas of the structure and the tissues of the body, he is led into long and tedious disquisitions on the functions of the various organs. At the end of the first year, he attends a course of lectures. From the lecture on materia medica to anatomy, from anatomy to practice, from that to chemistry, thence to surgery, thence to physiology, thence to midwifery, he rushes in so many successive hours daily, until his head becomes dizzy and his brain whirls. Then he is expected to dissect several hours a day, write out his notes—at least study them up. Thus he spends five or six months, roaming in that space of time through every department of medicine, getting a bird's eye view of its domains, but nothing more. He returns home, tired, worn out, and begins to realize that he has only commenced to learn *how to study*.

The interval between his attendance on the first and the second course of lectures is spent in getting order into chaos; in finding out what he knows and what he does not know. Fortunate he who succeeds in the latter, which is a much more difficult task than the former! The student has to prepare for another winter's campaign, and for the green-room. He buys a "*Compendium*," and other pontes asinorum, and memorizes day and night. Then another six lectures a day—the *same*, by the way, which he has heard the winter before; then an examination, a commencement, and a diploma. He is Doctor of Medicine!

Are we exaggerating when we say, that the present system of crowding a student with six lectures a day, and crowding the whole range of medical science into two courses of lectures, is inefficient for the purposes of a sound medical education?

There can be no doubt that the present term of medical study is too short, and we congratulate the profession that this fact is beginning to be acknowledged and understood on all sides. Even among the students throughout the whole country, there are many now who voluntarily attend three courses of lectures, or at least two full courses, distributed over a longer period of time. This is a sign of a better state of things to come. We hope that the time is not far distant when what is now an exception will become the rule.

Music for the Sick.—Florence Nightingale remarks that, "wind instruments, including the human voice, and stringed instruments, capable of *continuous sound*, have generally a beneficient effect, while the piano-forte, with such instruments as have *no* continuity of sound, have just the reverse. The finest piano-forte playing will damage the sick, while an air like home sweet home," or "assesa a pie d'un salice," on the most ordinary grinding organ, will sensibly soothe them, and this quite independent of association.

Correspondence.

Liverpool, July 2, 1860.

MESSRS. EDITORS:—Having, a few days ago, paid a visit to the Liverpool Royal Infirmary, I shall, according to my promise, endeavor to give you a faithful description of it. This Infirmary is the largest of the three Liverpool hospitals, and contains about two hundred and thirty beds, being therefore about as large as our Pennsylvania Hospital. The others are called—one the Northern Hospital, which contains one hundred and twenty beds; the other, the Southern Hospital, which is still smaller. Besides these, there is a Fever Hospital.

The Royal Infirmary is built of stone, which, whatever may at one time have been its color, has now become very dingy; as, indeed, is universally the case with buildings in Liverpool, for the smoke, and perhaps in some measure the salt air, soon destroys the cleanly appearance of the houses. The entrance is on one side, and, on ringing a bell, you are admitted into the Dispensary. I was deceived as to the proper entrance very much in the manner in which a stranger in Philadelphia might be deceived as regards getting into our Pennsylvania Hospital. I went first to the main entrance in front of a large portico, with stone pillars, but found that it was fast locked. It was only a sham front door. The real front door was to be found at the side In the Dispensary, where out-door patients are treated, there were about twenty or twenty-four very sickly looking individuals waiting very patiently until it was the physician's pleasure to attend to them. In the next room to that, the wall was covered with lists of those who at different times had been officers of the establishment, and also of the contributors to the institution. There was one man who had given £1,800, another £2,000, and a large number had given smaller sums.

In my description of the institution, and of any other which I may hereafter visit, I shall adopt a standard of comparison, to which I shall constantly refer; and I think that in this manner I shall be able to give a clearer idea of what I describe. Thus, in my description of hospitals, I shall take the Pennsylvania Hospital; and, in describing colleges, I shall take our Philadelphia institutions as standards. I take it for granted, that all your readers are acquainted with *these*, and by indicating the point of similarity and dissimilarity merely, much trouble will be saved.

I have already intimated, that, from its looking so dirty outside, the general appearance was much inferior to that of our Pennsylvania Hospital. But that is not the only cause of inferiority. There are no trees surrounding it, (to be sure they are not as much needed in England as with us,) and the lot itself is not more than about half the size of the beautiful lot between Spruce and Pine. The ceilings are not near as lofty as ours; the wards not as wide, and the general arrangements more awkward, as the entries are narrow and have frequent turnings.

There is, however, a bright as well as a dark side to the picture, and it would not be fair if I did not present both. Although, from the narrowness of the wards, there is not as much room between opposite beds as I had been accustomed to see, yet the distance between *adjoining* beds was fully as great; and although the ceilings were not at all high, yet the ventilation was perfect, as was proved by the fact, that not the slightest odor of a disagreeable nature was observable on entering the wards. There are large square openings in the ceiling by which ventilation is effected. For heating the wards, there are hot air furnaces, but not enough to give all the heat which is necessary; so that in almost every room a fireplace is requisite in addition. Each ward contains from nine to eighteen beds; the beds are very neat, but different in appearance from ours; and the uppermost cover on them, instead of being a clean white sheet, is of a sort of woolen stuff of a dark color, with the words "Liverpool Royal Infirmary" in raised letters, and occupying half the width of the bed, and perhaps even more than that. Over each bed is hung a paper in a tin case, with particulars about the patient, and very *particular* particulars. You can learn by these papers the disease, date of admission, time of sickness before admission, age, occupation, and place of residence of the patient; also the treatment for which considerable space is allowed, and which is always put down. The name of the attending surgeon is printed in large capitals at the head of each paper.

There is another paper hanging by the side of every bed, on which is printed a morning prayer, concluding with the Lord's Prayer, and prefaced by a notice that the services of the chaplain may be obtained by any patient who may desire it.

In the centre of the building, there is an area in which is the kitchen. Of course, the advantage is gained by this of coolness in summer, and less disagreeable smell at all times. On each side a dumb waiter runs up; on one side to the men's wards, and on the other to the women's. The large kettles, &c., in the kitchen, need no description, as similar ones can be seen in any large public institution.

The bath rooms for the patients are very large, and every thing in them is of the utmost convenience and neatness. The only other arrangement connected with the wards, which struck me as worthy of notice, was the oven for baking the patients' clothes. The object of this is, of course, to

destroy any living creatures which might, by any possibility, be existing therein.

The resident or house surgeons and physicians accompany the chief physicians in their rounds just as at home. The visit of the latter is paid at 12 o'clock, or after, instead of at 10, as with us.

Among the cases of interest which I observed, was one of a child, who had been injured by a quoit, which had been thrown into the air, and had fallen perpendicularly on its head. A remarkable feature of the case was, that the dura mater had been forced down into the brain without having been itself lacerated. No bad symptons had taken place; but, as only four days had elapsed since the accident, there was still, of course, as Mr. Long, the surgeon, remarked, great danger. I observed a large proportion of cases of scrofulous disease, much larger than in the United States; in one of them, excision of the elbow joint had been performed, and I was shown the granulating surface in the shape of a large H. I saw two cases of men who had cut their own throats, and a case of spinal meningitis.

Fractures of the clavicle are treated in the Infirmary by merely a figure of 8 bandage; and one which I saw, and which was complicated with a broken rib, was not treated, except by position. Among the splints employed, the only new thing which I saw was more to be recommended by its simplicity than its elegance. It was to be used for stiff joints, which it was desirable to attempt to bend, and consisted of two thick wires bent at the angle of the limb, which were fastened together and padded. After having been fastened on, if the limb and the wires should be straightened out, they will remain so.

I was told that about forty students attend on the hospital in the daily visits of the physicians and surgeons. The whole forty, however, are not seen there at once. Practically, not many more than half that number is ever seen. I was shown into the operating room, which is very large and convenient for the purpose. It is not, however, at all convenient for lookers on, as there are only three benches raised, one above the other, and all of them together would certainly not accommodate more than forty.

Before I close, I should like to mention one more thing which drew my attention, and that was, that the nurses in the men's wards were all women.

There are no private rooms in the Infirmary, as it is intended exclusively as a charitable institution, and not to receive pay patients.

There is, in Liverpool, a school of medicine, which, however, is not a college, having no power to confer the degree of M. D. It may, therefore, be considered merely as an association of physicians for medical instruction.

I will now conclude my letter. I expect to go to London shortly, and there I shall probably see enough to fill more than one letter.

Yours truly,

"M. D. ABROAD."

Items and Miscellany.

ARMY AND NAVY.—*A Medical Board*, to consist of Surgeons C. A. Finley, R. S. Satterlee and C. S. Tripler, has been ordered to assemble at Baltimore, on the 20th of September next, for the examination of assistant surgeons for promotion, and of such candidates for appointment to the medical staff of the army, as may be invited to present themselves to the Board.

Appointments—Assistant Surgeons: Joseph H. Bill, of Pennsylvania, vice Eaton, deceased, to date from April 13, 1860.

James H. Berrien, of Georgia, vice Holden, promoted, to date from June 8, 1860.

De Witt C. Peters, of New York, June 23, 1860, to fill an original vacancy.

Charles H. Alden, of Pennsylvania, June 23, 1860, to fill an original vacancy.

Warren Webster, of Massachusetts, June 23, 1860, to fill an original vacancy.

John Vansant, of the District of Columbia, June, 23, 1860, to fill an original vacancy.

Charles C. Byrne, of Maryland, vice Simpson, promoted, to date from June 23, 1860.

Archibald M. Fauntleroy, of Virginia, vice Coolidge, promoted, to date from June 23, 1860.

Surgeons:—Levi H. Holden, April 23, 1860, vice Wheaton, deceased.

Richard F. Simpson, June 23, 1860, to fill an original vacancy.

Richard H. Coolidge, June 23, 1860, to fill an original vacancy.

Charles C. Keeney, June 23, 1860, to fill an original vacancy.

Robert Murray, June 23, 1860, to fill an original vacancy.

Assistant Surgeon Albert J. Meyer, to be Signal Officer, with the rank of Major, June 27, 1860 to fill an original vacancy.

Orders:—Assistant Surgeon A. M. Fauntleroy has been ordered to report, on the 16th instant, at Carlisle Barracks, for duty as far as Fort Leavenworth, with the recruits about to

be sent to New Mexico; thence to proceed to Fort Laramie, and relieve Assistant Surgeon E. W. Johns.

Assistant Surgeon A. J. Foard has been ordered to repair—when relieved in his present duties at Camp Verde, Texas—to Baton Rouge, La., and report thence, by letter, to the Surgeon General.

Assistant Surgeon R. Bartholow has been ordered to report at Fort Columbus, on the 16th inst., for duty with the recruits under orders for New Mexico. On his arrival at the Headquarters of the Department of New Mexico, Assistant Surgeon Fauntleroy has been directed to report for orders to the Commander thereof.

Assistant Surgeon C. C. Byrne, has been ordered to repair to Camp Verde, and relieve Assistant Surgeon Foard.

Assistant Surgeon E. W. Johns, has been ordered to repair—when relieved in his present duties at Fort Laramie—to the city of New York, and report thence, by letter, to the Surgeon General, for examination for promotion.

Assistant Surgeon Glover Perin, now *en route* to Ringold Barracks from New Mexico, has been ordered to repair to Newport Barracks, Ky., and report thence, by letter, to the Surgeon General.

Surgeon W. J. Sloan, has been assigned to duty at Baton Rouge Barracks, and will be relieved from further service in the Department of New Mexico, on the arrival of Assistant Surgeon R. Bartholow in that Department. On his arrival at St. Louis, Mo., Surgeon Sloan has been directed to report, by letter, to the Surgeon General for special instructions.

Assistant Surgeon J. Vansant has been ordered to repair to the headquarters of the Department of Oregon, and report for duty to the commander thereof.

Assistant Surgeon W. Webster has been ordered to repair to Fort Larned, and report for duty at that station.

The Middle Georgia Medical College, at Griffin, Georgia, is a new institution, recently organized. The session will commence on the first Wednesday in October, and continue five months. The faculty is constituted as follows: J. L. Saunders, M. D., Professor of Anatomy; J. T. Banks, M. D, Professor of Surgery; R. D. Gardner, M. D., Professor of Materia Medica, Therapeutics and Medical Jurisprudence; W. O. Dannelly, M. D., Professor of Physiology and Pathological Anatomy; E. F. Knott, M. D., Professor of Institutes and Practice of Medicine; S. H. Saunders, M. D, Professor of Auscultation and Percussion, and Diseases of the Skin; L. J. Robert, M. D., Professor of Medical Chemistry; T. M. Darnall, M. D., Professor of Obstetrics; M. J. Daniel, M. D., Professor of Diseases of Women and Children; J. H. Connally, M. D., Demonstrator of Anatomy; S. H. Saunders, Dean.

Galen and the Stereoscope.—Sir David Brewster, inquiring into the history of the stereoscope, finds that its fundamental principle was well known even to Euclid; that it was distinctly described by Galen one thousand five hundred years ago; and that Giambatista Porta had, in 1599, given such a complete drawing of the two separate pictures as seen by each eye, and of the combined picture placed between them, that we recognize in it not only the principle, but the construction of the stereoscope.—*World.*

In the Crimea, there were 28 deaths out of 33 primary amputations of the elbow joint, and of 31 secondary disarticulations, 24 were fatal. Out of 68 disarticulations of the knee, there were 62 deaths. The same operation once yielded in M. Velpeau's hands only 1 death out of 14 cases.—*M. Larry.*

Popular Medical Jurisprudence.—The following verdict of a coroner's jury is said to have been recently rendered:

"We find that Mr. Fink died of a natural death produced by dispepsy, owing to clams for dinner, and cholera morbus in the evening."

It had better read—*clams for dinner, and cholera morbus for supper!*

Proportion of Multiple Births.—Twin births, according to official statistics, vary considerably in different places. At Philadelphia, the proportion is 1 in 75; at London, 1 in 85; at Paris, 1 in 84; at Naples, 1 in 158; at Palermo, 1 in 126: at Dublin, 1 in 57; at Berlin, 1 in 88; at Leipsic, 1 in 86; at Vienna and Wurtzburg, 1 in 74; at Dresden, 1 in 68; at Heidelberg, 1 in 62; at Prague, 1 in 72; at Hamburg, 1 in 96; at Marburg, 1 in 110; at Lüneburg, 1 in 118; in Prussia, 1 in 89; in Würtemberg, 1 in 86; and in Saxony, 1 in 78. From Hoffman's report, it appears that between the years 1826–34, there occurred in Prussia 4,467,031 single births, 52,384 twin births, 659 triplet cases, and 11 quartet cases. In 1840, there occurred 574,293 single births, 6381 twin births, 72 triplets, and 1 quartet.

Remarkable case of Polyphagy.—If not a "graceless assumption," the following is one of the most remarkable cases of polyphagy on record:

The Baltimore *Republican* announces the death, in that city, of a man known by the sobriquet of "Eating Tom," and says that he has been known to eat a moderate sized ham, with vegetables, &c., in proportion, at one meal. Six large loaves of bread, with more than a quart of coffee or tea, would scarcely suffice for his breakfast or supper. A good sized goose or turkey would disappear from sight in a short space of time. His daughter would prepare a plum pudding at stated periods, and cook it in a bushel bag. This would serve him and two others as a dessert.

The Death of a Centenarian.—Barbara Nell, well known to the oldest inhabitants of Germantown, died in this city, during the past week, at the advanced age of *one hundred and ten years!* Until within a few years past, she supplied many of our families here with fruit, vegetables, &c., a business she had followed for nearly *seventy years!* Many of our people will remember her contracted form, bending under the weight of almost a century, yet cheerfully pursuing her humble avocation. At the time of her death she was perhaps the oldest inhabitant of the city of Philadelphia.

The Turkish Bath.—In these Turkish baths, soap and water are purely secondary agents; they are considered as barbarous, clumsy, and effete means of cleansing. The bather is first conducted into a room, which is practically a large oven, lighted from the top, and filled with moist air. This is very far, however, from being a vapor-bath; the quantity of water-vapor is small, and does not affect the transpiration of water by the skin. Of course, a profuse sweating is induced, and the skin is thorougly softened. It is a hot bath without water, or rather with the aid of very little water. From this chamber he passes to another—the calidarium—where, freely perspiring, he is rubbed with towels or goat's hair gloves; and so great is the effect of the prior treatment, that the softened cuticle rolls off in thick flakes, and a new skin is found beneath, of which the subject of the operation little dreamed. No one who takes a Turkish bath for the first time but must be astonished at the quantity of the unnecessary cuticle which he carries about with him. Adepts tell you that "it requires great dexterity to perform this well without rubbing some places too much, and others too little." Now comes a drenching with warm water and soap, which is not the most agreeable part of the bath, and may be considered partially unnecessary. Then the bather passes back to the tepidarium, where he is dried and clothed in warm towels; and, after a pause, thence to his frigidarium, or cool chamber, where, still clothed in warm towels, he sips coffee, smokes a narghilet, and indulges in beatific sensations which only those can know who have passed through the three purgatories of the bath. The Turkish bath is an agent of such great power in restoring the active functions of the skin, and the ordinary results of its application are so peculiarly agreeable and invigorating, that it will probably invite the attention of medical practitioners in its relations to disease. It is a powerful agent, of which the virtues are apparent; but incautiously employed by persons liable to congestion of the head or organs of the chest, it is not free from dangers, as some unfortunate circumstances have already proved.—*Lancet.*

French Lecture Rooms.—The French nation is so celebrated for its refinement, (none but a Frenchman knows how to eat an egg,) that we were much surprised at a description of Parisian lecture rooms, given by Dr. Chaillé in a letter to the New Orleans *Medical Journal.* They are (says the doctor) not dirty, but filthy, wretchedly small; a board six inches wide for a seat, with your vertebral column to support your back; and, if that proves tiresome, one may, by way of relief, stand up and lean against the wall.

Such is a flattering description of Prof. Velpeau's amphitheatre, where were assembled some seventy-five students, the day I heard him, and which, under no circumstances, could contain over double that number.

Railroad Surgeons.—On the principal railroad in Bavaria, surgeons are to be appointed, who are to receive a fixed salary, and whose business it is to attend to cases of accident in the trains, and give medical attendance to the employees of the road.

Deaths in Philadelphia.—From the weekly reports of the Health Officer, it appears that there were 5,414 deaths in Philadelphia from January 1st to July 1st, 1860. Of this number, 2,925 were children.

A Simply Constructed Fire-escape—This effective arrangement is thus described by the *Scientific American* :—

It consists simply of a rope drawn through an S-shaped tube or wound around a pivot, or otherwise so arranged that the portion of the rope on the interior of said tube, or on the outside of said pivot, causes a retardation of the downward motion of the latter, which retardation is adjusted by the strain exerted on the rope, so that persons or articles attached to said tube or to said pivot can be lowered either by the agency of the descending persons themselves or by the agency of persons on the ground, with any desired velocity. This escape is of peculiar value for hotels or other buildings in which a large number of people dwell together, and it has been successfully tried in several hotels in this city.

Marine Sanitaria.—The *London Lancet*, suggests the establishment of marine sanitaria, particularly for the benefit of the East Indian troops. In consideration of the great benefit which invalid soldiers experience from the return voyage to England, it is thought that they might be restored to health and continued in the service where they are needed, by giving them the advantage of the restorative influence of sea air in short sea voyages.

Ventilation of Rooms at Night.—An extraordinary fallacy is the dread of night air. What air can we breathe at night but night air? The choice is between pure night air from without and foul night air from within. Most people prefer the latter.

An unaccountable choice. What will they say if it is proved to be true, that fully one-half of all the disease we suffer from, is occasioned by people sleeping with their windows shut? An open window most nights in the year can never hurt any one. In great cities night air is often the best and purest air to be had in the twenty-four hours. I could better understand in towns shutting the windows during the day than during the night, for the sake of the sick. The absence of smoke, the quiet, all tend to making night the best time for airing patients. One of our highest medical authorities on consumption and climate has told me that the air of London is never so good as after ten o'clock at night.—*Florence Nightingale.*

Dr. Hays' Arctic Expedition—The Views of its Commander.—Dr. Hays, the Commander of the Arctic Expedition, recently gave the following outlines of his views and intentions:

He assured the committee of his perfect satisfaction with the vessel they had purchased. She had been amply strengthened, and was as secure as wood and iron could make her. She was equal, if not superior, to the "Advance," in all the qualities requisite to her peculiar service. All could be done with her that could be done with any vessel. He could not much regret that he had not steam, for the space required for coal bunks and engines would occupy in a steamer so much space that there would not be much room for provisions.

In this vessel there was sufficient food for a three years' cruise, and with economy, for a longer period. In the character and quality of the provisions supplied by the committee, he was thoroughly content. He could not ask for a more perfect outfit. Although he claimed to be a prudent man, if he had found any fault, it would have been that he had too much. All were familiar with the purposes of the expedition, which were to reach the North Pole, and to complete the exploration of the Polar Sea, which was commenced by Dr. Kane. He would push forward with all possible dispatch this summer, and, reaching Smith's Strait early in December, select a harbor as far north as 79 or 80 degrees north latitude, if possible, and there pass the winter. To effect this purpose, he would have some slight advantages in leaving earlier in the season; but during the month of August the ice was more open, and he felt very confident in being able to reach a suitable harbor this season. Next spring he would carry forward provisions, with the aid of dogs; and he would follow in person with the Francis's metallic lifeboat, in which his guests had just come on board. Should he have the happy fortune to meet open water, then he would launch this boat upon it, and push off for the Pole.

Should they not meet the open sea, they would pass another winter in the ice, and attempt to reach the North Pole by ice alone. He had, however, a firm belief they would meet an open navigable sea.

For the accomplishment of these purposes, every thing, of course, depended upon the vessel which the committee had just presented

him. Yet, with such a craft, he felt confident and hopeful. Referring to the inception of the expedition, he said it was true that the first proposal was made by him to the Geographical Society of New York. The contributions of that city and Philadelphia had been liberal and satisfactory; but, owing to the accident of finding a vessel so admirably suited for the service, and the lateness of the season, which precluded the possibility of sending the vessel to New York, the exhibition was now about to sail from Boston. The liberality displayed by the Boston committee, and the citizens of Boston, was unbounded. In his officers and men he had perfect reliance. They were all devoted to the cause. The astronomer of the expedition, Mr. Sontag, whom he had appointed second in command, had been his companion through previous dangers and privations, and having tried him, he knew him to be earnest, brave, and intelligent. The scientific world might well entrust the important interest of the expedition to his intelligent zeal.

His executive officer, or master, Captain McCormick, had been known to him for several months, and he had implicit faith in his devotion to the cause, and his determined energy of character He was a worthy sailor and a brave man. His second officer was no less devoted, and, although he had known him only for a short period, he was satisfied that he possessed those qualities of coolness, caution, and daring, needed for stern emergencies. He had about him a corps of young, well educated, and intelligent men, who would not only render valuable assistance in the scientific labors of the expedition, but who, with a zealous love of enterprise and adventure, would soon adapt themselves to the narrow quarters, and their calling. The men who went before the mast upon small pay, with no other compensation but their outfit, bore about them those marks of manly courage and endurance, which were calculated to inspire a commander with high hopes of gallant followers. Viewed altogether, he believed that if success did not crown his endeavors, it would not be for the want of any of the means to accomplish his end.

Many misgivings had existed in the minds of persons appealed to by the committee, on the ground of the hazardous nature of the undertaking, and fears had been expressed that an expedition would have to be sent after him. He would briefly say, that he desired no such effort to be made, even should they not return after an absence of two winters, for they had abundant stores, and that he believed that wherever they might be, if alive, they could find their way home, even should their vessel be lost in the ice. Whatever fortune might happen to them, he will keep his crew at the vessel, either until the objects of the expedition were accomplished, or until a further stay in the region becomes unsafe. Then, and not until then, would he return home.

The Medical Profession is represented, in the parliament of the new kingdom of Italy, by a dozen physicians, who have been chosen members; among these is Farini, Ex-Governor of l'Emilie. Two of the chief representatives of Italian medicine have been appointed senators.—*Gaz. Hebd.*

Toads living Enclosed for Years in Plaster of Paris.—Toads are said to have been found alive after being for a long term of years shut up in stone. M. Séguin, of Paris, wishing to ascertain what amount of truth there might be in stories of this kind, enclosed some toads in plaster, and left them in the middle of these blocks of artificial stone. At various intervals, he has broken some of these blocks, and has found a certain number of the toads alive. One of them had been deprived of air for ten years, another twelve, and a third fifteen years. Two still remain enclosed; and, as M. Séguin is very old, and fears that these two blocks may be lost to the purposes of science, he offers them to the Academy of Sciences, in order that they may hereafter further test the phenomenon, which have been accepted, intending, after a verification of the dates of sequestration, to have the plaster broken in the presence of a commission.

To Subscribers.—We cannot hold ourselves responsible to supply missing numbers of the REPORTER, unless subscribers notify us within two or three weeks after the date of the missing number.

Answers to Correspondents.

COMMUNICATIONS RECEIVED.—*England*, "M. D. abroad"—*Missouri*, Dr. W. T. Ellegood—*N. Jersey*, Dr. C. Marrogh, [with encl.,] Dr. Gg. J. Janeway, [with encl.,] Theod. S. Price, (2,) Dr. G. Grant, Dr. J. Theod. Calhoun—*New York*, Dr. H. B. Horton, [with encl.,] Thos. J. Winchester—*Ohio*, Drs. G. F. and M. Mitchell, [with encl.,] Dr. E. R. Ripley—*Pennsylvania*, Dr. S. R. Sample, [with encl.,] Dr. W. W. Wall, [with encl.,] Dr. Dan. Holmes, [with encl.,] Dr. J. B. Stubbs, [with encl.,] Dr. R. H. Mirth, Dr. A. G. Walter—*South Carolina*, Dr. E. M. Dubose—*Tennessee*, Dr. S. C. Martin.

Office Payments.—By Mr. Swaim: Drs. Rich, Hewston, Rohrer, Scheringhausen, Mr. B. C. Everett, (adv.,) Dr. W. T. Taylor, Dr. Gg. Truman, Dr. Rheinstein.

Sept. 18, 1860.

COLLEGE OF PHYSICIANS AND SURGEONS,

CORNER 23D STREET AND FOURTH AVENUE,

NEW YORK.

FIFTY-FOURTH SESSION 1860-'61

EDWARD DELAFIELD, M. D., President of the College, and Professor Emeritus of Obstetrics.

ALEXANDER H. STEVENS, M. D., LL.D, Professor Emeritus of Clinical Surgery.

JOHN TORREY, M. D., LL.D., Professor Emeritus of Chemistry and Botany.

JOSEPH MATHER SMITH, M. D., Professor of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.

ALONZO CLARK, M. D., Professor of Pathology and Practical Medicine.

JOHN C. DALTON, JR., M. D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Professor of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOTT, M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy and Curator of the College Museum.

The Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures, $105. Graduation Fee, $25. Demonstrator's Fee, $5. Matriculation Fee, $5.

JOHN C. DALTON, JR., M. D.,
Secretary of the Faculty.

192—3m.

TO PHYSICIANS.

A PHYSICIAN offers for sale his good will and property, consisting of a good dwelling house, with double office attached, and well improved lot, eligibly located, has been the residence of a physician for the last fourteen years.

A physician wishing to secure a pleasant home and good practice in an enterprising, intelligent, moral community, on moderate terms, and easy payments, will address

J. G. L. SHINDELL,
Selinsgrove, Pa.

Or P. S. LEISINRING, M. D.,
Hollidaysburg, Pa. 192—4t

TRUSS

AND

BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

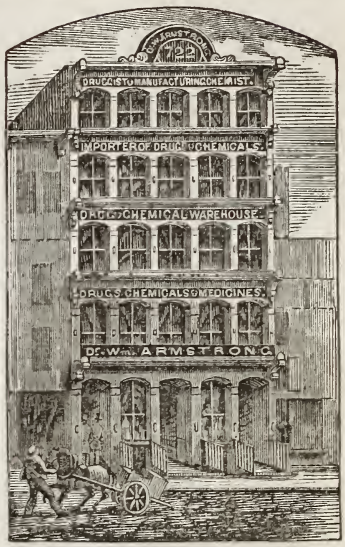
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with above, with flattering results. - 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.



Also a General Assortment of Concentrated Medicines, from the Laboratories of MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut	2 to 5	1 50
Alnuin	Res. Rd. Neut	2 to 10	75
Apocynin	Rd. Res. Neut	½ to 3	2 00
Asclepin	Rd. Neut	1 to 5	1 50
Baptisin	Res. Neut	1 to 8	1 00
Barosmin	Res. Neut	1 to 3	2 00
Caulophylin	Rd. Neut	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut	2 to 5	1 25
Chimaphilin	Res. Rd. Neut	2 to 5	1 00
Collinsonin	Res. Neut	2 to 5	2 00
Colocynthin	Rd	½ to 2	2 00
Cornin	Rd. Neut	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut	1 to 3	3 00
Cypripedin	Rd. Neut	2 to 4	1 00
Digitalin	Rd. Alk. two Neut	⅛ to ½	1 50
Dioscorein	Res. Neut. M. R	2 to 5	1 50
Enonymin	Rd. Alk. Neut	1 to 4	2 00
Euphorbin	Rd. Neut	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk	2 to 5	1 50
Fraserin	Res. Neut. and M. R	2 to 10	1 00
Gelsemin	Rd. Alk. Neut	¼ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd Neut	3 to 8	2 00
Hamamelin	Res. Neut	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut	⅛ to ½	2 50
Irisin	Res. Rd. Alk. Neut	1 to 3	1 00
Jalapin	Res	2 to 5	1 50
Juglandin	Rd. Neut	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut	2 to 5	60
Lupulin	Res. Rd. Neut	1 to 4	75
Lycopin	Rd. Neut	1 to 4	1 00
Macrotin	Rd. Alk. Neut	½ to 2	60
Menispermin	Rd. Alk. Neut	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut	½ to 3	1 00
Podophyllin	Rd. Alk. Neut	½ to 3	60
Populin	Rd. Neut	2 to 5	50
Prunin	Rd. Neut. Amyg	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to and sent to all parts of the United States, by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Philada.

J. M. MIGEOD,

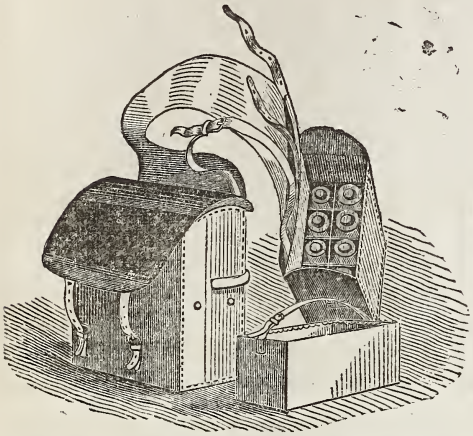
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " " $9 50
No. 2, containing 10 1 oz. " " " and 10 ½ oz. " " " 8 50
No. 3, containing 8 1 oz. " " " and 8 ½ oz. " " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " 9 50
No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottle
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" 4 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,
Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1860-'61.

FACULTY.

B. HOWARD RAND, M. D., Professor of Chemistry.
HENRY HARTSHORNE, M. D., " Practice of Medicine.
LEWIS D. HARLOW, M. D., " Obstetrics, &c.
WILLIAM S. HALSEY, M. D., " Surgery.
WM. HEMBEL TAGGART, M. D., " Materia Medica.
JAMES AITKEN MEIGS, M. D., " Institutes of Medicine.
WM. H. GOBRECHT, M. D, " Anatomy.
THEODORE A. DEMMÉ, M. D., Demonstrator of Anatomy.

The session of 1860-'61 will commence on Monday, 8th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

The Rooms for Practical Anatomy will be open early in September.

The College Clinic will be conducted on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in this city.

FEES.

Matriculation, (paid once only,) - - - $5 00
For each Professor's Ticket, - - - - 15 00
Graduation, - - - - - - - - 30 00

LEWIS D. HARLOW, M. D., *Dean*,
192—1em *No. 1023 Vine, below 11th Street.*

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS

Sixth Street, 2d door above Arch Street, Philadelphia,

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P. . . . $0 37½
Aloes et Assafœt: U. S. P. . 37½
Aloes et Ferri . . . 37½
{ Pulv: Aloes, Socot: ½ gr.
{ " Zingib: Jam: 1 gr.
{ Ferri Sulph: Exsic: 1 gr.
{ Ext: Conii ½ gr.
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
{ Pulv: Aloes Socot:
{ " Sapon: Hispan:
{ " Fruct: Colocynth:
{ " Gambogiæ
{ Oleum Anisi
Anti-bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . 37½
" Comp: (Plummer's) 3 grs. . 37½
{ Calomel
{ Oxysulph Antimony
{ Guaiacum Resin
Calomel et Opii . . . 37½
{ Calomel 2 grs.
{ Opium 1 gr.
Cathart: Comp: U. S. P. . . 37½
Cinchon: Sulph: 1½ grs. . . 50
Cook's, 3 grs. . . . 37½
{ Pulv: Aloes Soc: 1 gr.
{ " Rhei 1 gr.
{ Calomel ½ gr.
{ Sapo Hispan: ½ gr.
Colocynthidis Comp: 3 grs. . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . . 37½
Copaibæ et Ext: Cubebæ . . 37½
{ Pil: Copaibæ, 3 grs,
{ Ext: Cubebæ 1 gr.
Copaibæ Comp: . . . 37½
{ Pil: Copaib:
{ Resin Guaiac:
{ Ferri Cit:
{ Ext: Cubeb:
Fel Bovinum, . . . 50
{ Inspissated Oxgall 2 gr.
{ Powd: Jamaica Ginger, 1 gr.
Ferri (Quevenne's) 1 gr. . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . 37½
Ferri Comp: U. S. P. . . 37½
Ferri Iodid: 1 gr. . . . 50
Ferri Lactat: 1 gr. . . . 37½
Ferri et Strychniæ . . . 62½
{ Strychniæ 1-60 gr.
{ Ferrum per Hydrogen (Quevenne's) 2 gr.

PIL: Ferri Valer: 1 gr. . . . 75
Ferri et Quin: Cit: 1 gr. . . 50
Ferri et Strychniæ Cit: 1 gr. . 37½
{ Strychnia Cit: 1-50 gr.
{ Ferri Cit: 1 gr
Galbani Comp: U. S. P. . . 37½
Hooper (Female Pills) . . 37½
Hyd argyri, U. S. P. 3 grs. . 37½
Ipecac et Opii, 3⅓ grs. . . 37½
Pulv: Doveri, U. S. P.
Opiii. U. S. P. 1 gr. . . 37½
Opii et Camphoræ . . . 50
{ Pulv: Opii, 1 gr.
{ Camphoræ, 2 grs.
Opii et Plumbi Acet: . . 37½
{ Pulv: Opii, ½ gr.
{ Plumbi Acct: 1½ grs.
Quiniæ Sulph: 1 gr. . . . 75
Quiniæ Sulph: 2 grs. . . 1 25
Quiniæ Comp: . . . 1 00
{ Quin: Sulph: 1 gr.
{ Ferrum per Hydrogen (Quevenne's) 1 gr.
{ Acid Arsenious 1-60 gr.
Quiniæ et Ext: Belladon: . . 62½
{ Quiniæ Sulph: 1 gr.
{ Ext: Belladon: ½ gr.
Rhei, U. S. P. . . . 37½
Rhei Comp: U. S. P. . . 37½
Scillæ Comp: U. S. P. . . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
{ Pulv: Aloe Scott:
{ Gum: Mastich:
{ Flor: Rosæ
Zinci Valerian: 1 gr. . . 75
GRANULES, Acid: Arsenious, 1-20 gr. . 25
" " 1-50 gr. . 25
Aconitia, 1-60 gr. . . . 50
Atropia, 1-60 gr. . . . 50
Corrosive Sublimate, 1-12 gr. . 25
Digitalin, 1-60 gr. . . . 50
Elaterium (Clutterbuck's) 1-10 gr. 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr. . 25
" Nux Vomica, ½ gr. . . 37½
Mercury Iodide, ¼ gr. . . 25
" Red, 1-16 gr. . . 25
Morphia Sulphate, 1-10 gr. . . 37½
" " 1-6 gr. . . 50
" Valerianate, ⅛ gr. . . 62½
Quinia Valerianate, ½ gr. . . 1 00
Silver Nitrate, ¼ gr. . . 37½
Strychnia, 1-20 gr. . . 37½
" 1-40 gr. . . 37½
Veratia Sulphate, 1-12 gr. . . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 180, 1y

THE MEDICAL USES OF ELECTRICITY IN THE TREATMENT OF NERVOUS AFFECTIONS—A new and important medical work, now in press, and will be issued in the course of a few days, by Messrs. TICKNOR & FIELDS. This will be a thoroughly systematic work of over 700 pages, and finely illustrated with nearly 100 cuts, showing not only the best "*methods*" for the therapeutical employment of electricity in the various nervous diseases, but also *showing the anatomy of the parts* (nerve-trunks and muscle fibres) liable to be involved; moreover, presenting a concise view and means of diagnosis of the great variety of nervous affections met with in every day practice. This work is from the pen of ALFRED C. GARRATT, M. D., of Boston, who of late years, it is well known, has made this difficult department of medicine his *specialty*. It is addressed to medical students, and is dedicated to Dr. JOHN HOMANS, President of the Massachusetts Medical Society. It is intended for the professional eye. There is no similar work in the English language. 190

A COURSE OF INSTRUCTION IN ANALYTICAL CHEMISTRY, therapeutical and practical, and with the especial view to the wants of the physician, will be commenced early in July. The course will close with the Analysis of Animal Fluids, Blood, Urine, &c.

Applications to be made at the laboratory of

J. M. MAISCH,
800 Arch Street.

Organic and Inorganic Analyses promptly attended to. 190

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

DENTAL INSTRUMENTS—TEETH.

JOHN KLINE,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, FINDINGS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 188

J. JACOB TEUFEL,

MANUFACTURER OF

SURGICAL AND DENTAL

INSTRUMENTS AND TRUSSES.

103 South Eighth St., 3d door below Chestnut

PHILADELPHIA.

☞ *A large assortment always on hand.* ☜ 186

Anatomical, Pathological, and Microscopical Preparations.

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS intrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood-cut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILLUSTRAION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION intrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS, M. D.
768 Florida street, Philadelphia

REFERENCES.

JOSEPH PANCOAST, M. D., Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.

D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.

ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.

J. DA COSTA, M. D., Physician to the Episcopal Hospital.

F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital

Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN,** No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved

RADICAL CURE and other TRUSSES,
FEMALE SUPPORTERS,
SHOULDER BRACES,
ELASTIC STOCKINGS,
SPINAL APPARATUS

For weak and curved spines, and

INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

ARTIFICIAL EYES.

PERSONS wanting ARTIFICIAL EYES can have them made to order, and inserted, without pain, by DR. OSMUN, Oculist, 1619 Chesnut street, Philadelphia.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests. MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 197. } PHILADELPHIA, JULY 28, 1860. { NEW SERIES VOL. IV. NO. 17.

ORIGINAL DEPARTMENT.

Communications.

Two Cases of Purpura.

By J. T. Calhoun, M. D.,

Of Rahway, N. J.

Purpura is by no means a common disease, and the two cases reported below were, as far as my limited reading and the experience of my professional friends go, quite anomalous in their character. Neither of the cases occurred in my practice; yet in one of them I had the misfortune to be the patient, and it was therefore of considerable, yet painful, interest to me.

On the 22d of February last, while in the apparent enjoyment of perfect health, I noticed a painful spot at about the centre of the gastrocnemius muscle of my right leg. I first noticed it during the morning, but thought nothing of it at first. By evening, the pain had so increased, that I could walk but with difficulty. I called the attention of my friend, Dr. Lewis Drake, to it, asking its nature. He deemed it neuralgic or rheumatic; and, as I had been up late the previous evening and exposed to cold, and as I was somewhat subject to neuralgic affections, I acquiesced in the diagnosis. My friend and late preceptor, Dr. Abernethy, who saw me the following day, differed with us, thinking it more likely the result of a strain; but, as the pain and swelling soon extended to the knee and elbow joints, he joined us in the belief that it was rheumatic, and I accordingly commenced a course of treatment for that affection.

Five days after the commencement of my sickness, the distinctive spots of purpura showed themselves upon my right leg, and spread from thence to other parts of the body. They were of a bright, livid, red color, resembling a nævus more than any thing. Before the appearance of the distinctive spots, the affected part swelled, the skin became tense, and the most *intense pain* was experienced in the part. The least touch or motion of the part produced an aggravation of the pain already almost unbearable. The weight of the bedclothes could not be borne, and the slightest jar of the bed was enough to extort a scream. When the swelling had reached its height, which it did in a few hours, the spots of purpura showed themselves. Pressure upon them produced no alteration in color. After remaining for a lesser or greater length of time, the color of the spots gradually commenced to fade, and with their disappearance the swelling and pain subsided. The skin was left of a dirty yellowish color. The different parts of the body were successively attacked. The penis and scrotum, although enormously swollen and covered with purpural spots, pained but little. The pain was worse in the arms and fingers, and, with the exception of the scrotum, less felt in the face than any other part. The eyes were completely closed by the swelling, and the lids became slightly œdematous. From the face, the purpura travelled through the nasal passages to the throat. The uvula and fauces were enormously swollen, so that deglutition was difficult. From the throat it travelled the whole length of the alimentary canal, its progress being marked by the same intense pain. Some dyspnœa was produced when the lungs and heart were slightly affected. When the disease was in the bowels, a slight hemorrhage, amounting to but a drachm or two, took place, and this

was the only hemorrhage which occurred during the whole progress. This was the course of the disease, which occupied about a week, recurring successively every week, and each successive attack decreasing in severity and in the number of parts affected..

It continued for six weeks; at the end of which time, though very stiff and lame, I managed to leave the house. But, during the three or four weeks of convalescence, after I left my bed, small patches of purpura would still show themselves, although each successive crop of patches (if I may so term the repeated extravasations) was darker and less livid in color than the preceding. During some of the time I was delirious, and I am disposed to believe that it was due to the disease having appeared in the brain, or its meninges rather, for at other times my head was remarkably unaffected.

I was under the care of Dr. Abernethy, who had the assistance of Drs. Drake, Hough, and several others of my medical friends. No specific treatment was adopted. The various symptoms were treated as they occurred. Pain was relieved by large doses of morphine. The great swelling of the throat, which promised to close it up completely, was abated by inhalation of the vapor of warm milk. Ulcers, which formed upon the fauces and uvula, were touched with the solid argent. nit., and afterwards with a strong solution of the chlorate of potash. The bowels were kept open with laxative doses of magnesia calc. The extreme fetidity of the evacuations was combatted by the addition of pulv. carb. ligni to the magnesia. The local application was diluted alcohol, which I fancied afforded a little temporary relief. As the disease assumed a clearly periodic form, sulphate of quinia was given in full doses in the interval between the attacks, but with no observable effect. During the latter stages of the disease, the fingers, without showing any sign of purpural extravasation, would swell, become intensely painful, and throb like a forming paronychia, which indeed they might have easily been mistaken for. The local application of a plaster of ext. belladonnæ appeared to relieve the pain of them. As debility showed itself in the last stages of the disease, mineral tonics, iron and bark, with sarsaparilla and yellow dock, were freely exhibited. Wine and eggnog were taken in small quantities. The convalescence was slow and tedious; indeed, I could not say that I was convalescent until after a trip to the hills of Massachusetts, which I took about a month since.

Case 2. This case also occurred in the practice of Dr. Abernethy, to whom I am indebted for the particulars of it. T. L. J. S., æt. 18, was taken in April last, with pain and soreness in his thigh, over the seat of a former fracture. In two or three days, the characteristic extravasations of purpura showed themselves about the knee, and spread from thence to other parts of the body. It is unnecessary to particularize the symptoms, which were the same as in the case described above. The same intense pain was one of the marked symptoms, abating and recurring as in my own case. The viscera of the thorax and abdomen were very extensively and severely affected. A slight hemoptysis, with dyspnea, attended the attack upon the lungs. When the heart became involved, the patient suffered excruciating pain, which was so severe as to be almost unbearable. Slight hemorrhage from the bowels took place; but from the bladder was the most blood lost. Large quantities were passed with the urine. The treatment was substantially the same. Blisters over the heart and bladder relieved the pain when other means failed. The hemorrhage was controlled by the internal administration of ol. terebinth. Convalescence is not yet fully established, and the patient is now at the sea-shore, improving slowly. Patches of purpura occasionally show themselves, but not accompanied by the painful symptoms. In the first case, the spots appeared in uniform diffused patches; but in this case they were occasionally seen in stripes, looking as if the patient had been severely cowhided.

Without attempting to draw any deductions from the two cases, I wish to call the reader's attention to their striking similarity in certain

respects. Both patients were attacked by the disease when in perfect health. As regards myself, I never felt better in my life than just before I felt the pain in the calf of my leg. Both were attended by *pain of the most agonizing description*, and in both the successive attacks assumed periodicity, yet could not be controlled by anti-periodics. I believe that to purpura no definite cause has, as yet, been authoritatively assigned; but in these two cases there may be a fact which shall serve to throw some light upon the subject. *Vegetables formed no part of the diet of either of the patients.* I do not think, that, during the winter months, I tasted vegetables over two or three times. I ate considerable fresh meat, and also pies and cake, of which I was very fond. Of them my diet was almost wholly composed. Vegetables I did not like; in fact, I had a positive aversion to nearly every thing of the kind. The same strange idiosyncrasy, or eccentricity, characterized the other patient. He lived almost entirely upon cake and pastry. Whether this diet had any thing to do with the production of the disease, (which was clearly purpura, and not scurvy—a disease which such diet would be more apt to produce,) is more than I can determine. My friend, Dr. E. M. Hunt, of Metuchin, informs me that he had a mild case of purpura in an insane woman, who would eat nothing but cheese. Since my recovery, I have with some difficulty taken to a mixed diet; but I did not see that it hastened convalescence, which was tedious enough.

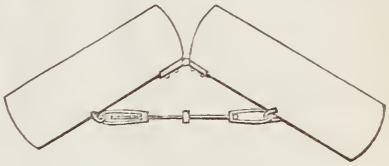
Surgical Apparatus for the Extension of the Knee-Joint Simplified.

By J. L. Ludlow, M. D.,

Physician to the Philadelphia Hospital.

Frequently physicians and surgeons are annoyed in practice by the want of something in the instrument line, to meet certain indications of treatment, easily and economically, and from their necessities adopt or invent something which they find to answer their purposes, and then throw it aside until a want is suggested by a brother practitioner, which they find they can supply from their invention, etc., of the passing moment. Such were the circumstances which first suggested the following.

In this one instance, I wanted a cheap article to straighten a limb. Stromeyer's screw was too expensive for the patient, and I had one made according to the accompanying drawing, which answered my purpose exactly.



The splint is a simple piece of hollowed pine made of the exact length of the thigh and leg, divided at the knee joint, and re-connected by a hinge, by which it is flexed and extended. The screw is the simple *brace*, usually found on the top of the ordinary saw frame for sawing fire wood. The whole may be made for $1 50. When there is not at hand the brace mentioned, a small strip of wood, attached by a hinge to the one piece, and working by the other end in fine rachets, and fastened by a peg, answers the power of extension very well.

In the country, where instrument makers are scarce, I think practitioners will find this simple arrangement very convenient.

The next instrument I had made, to assist me in a dilemma, was a *porte ligature*, by which I could carry a ligature high up in the uterus, so as to surround completely a fibrous polypus. After preparing the patient, I attempted to get at the base of the pedicle by the ordinary means, but did not succeed. I then had made the following: A pair of long delicate forceps, with small tubes in the end of

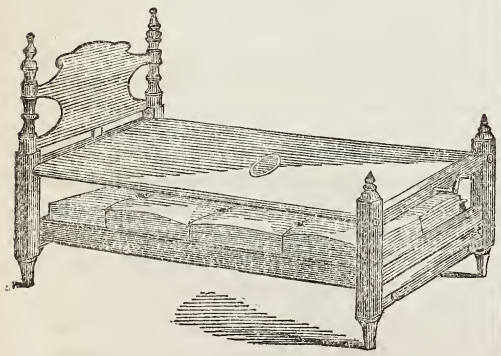
each blade, through which to pass a strand. The blades were constructed so as to be detached from each other at the joint, and then re-locked when the ligature was around the base of the polypus.

By first passing the instrument united, to the base of the pedicle of the polypus, I held one blade firmly there, and detached the other blade and passed it around the base of the polypus, re-united the blades at the joint, and pushed both firmly to the base of the polypus, and twisted it off. The first blade acted as a guide to the second. When unattached, I kept the exact position at the base of the pedicle, avoiding slipping.

New Form of Fracture Bed.

When the treatment of certain fractures requires a fixed position of the body for a length of time, or when an invalid is from his condition immovable, a bed so constructed as to allow its frequent renewals and facility for passage of the excretions without disturbance of the patient is of the greatest importance. With this object, numerous contrivances have been presented, most of them being inefficient, or too complicated, or expensive, for general use.

The accompanying cut represents a form of bed, which for simplicity of construction, and comfort to the patient has not been exceeded.



The patient lies immediately on the canvas sacking, which is stretched permanently on a frame above the mattrass. Beneath this, the mattrass is elevated or depressed by means of a crank, which is seen at the foot of the bedstead. Ordinarily, the mattrass is kept raised, so that the patient rests upon it with the sacking intervening, and when the evacuations are attended to, the mattrass is lowered sufficiently for a receptacle to pass between it and the sacking.

The mattrass may also be lowered for the purpose of removing it, or for refreshing the patient by allowing the air to pass beneath his back.

This arrangement, which is the contrivance of Messrs. Field and Finley of this city, is well adapted for the treatment of fractures of the inferior extremities, or for the comfort of patients in many cases of extreme illness.

It has received in the Pennsylvania Hospital, and elsewhere in this city, sufficient practical test of its comfort and convenience to both patients and attendants.

Illustrations of Hospital Practice.

PHILADEPHIA HOSPITAL.

Double Pneumonia;—Acute Gastritis;—Typhus Fever, Autopsy;—Epileptoid Chorea, Angina Pectoris, Hæmorrhage from Nose, Mouth, Eyes and Ears;—Delirium Tremens—Autopsy. Operations for Varicose Veins—Startin's method—Acupressure—Method—Cure.

Reported by C. C. Sherard, M. D., Resident Physician.

Double Pneumonia—Wm. E., aged 46, born in England, was admitted into the Hospital June 14th, 1860.

Diagnosis: Double pneumonia.

His history was that he had enjoyed good health up to the present attack, and had been a drinking man all of his life. He had been exposed to the weather, and had been caught in a rain. Soon afterwards he had a chill, and suffered from a shortness of breathing, and a sudden stitch in the side, (as if something had broken loose.) This pain has continued since. Expectoration copious.

When he entered the hospital he had fever; pulse 92, respiration 40 per minute. Both cheeks are flushed; no pain; no heat of skin; a fluid, but rusty colored sputum.

Auscultation: Right lung anteriorly yields bronchial respiration; respiration short and tubular; under the right clavicle, down to the middle portion of lung, coarse râles above and friction sound below; posteriorly crepitant rales at lower portion of right lung; posterior left lung, respiration normal, and

lower portion of left some slight friction; dullness all over right lung anteriorly.

Treatment.—Blistered over right lung, and afterwards dressed with poultices.

℞. Liq. potassæ cit.
Syrup senegæ, āā f ℥ii.
Vin. ipecac. f ℥i.
Beef tea, f ℥ii.
Milk, f ℥iv.

A tablespoonful every three hours, with morphia at night.

June 16th.—Pulse 84 per minute; respiration 30 per minute. The crepitant râle is still heard posteriorly in right lung, and anteriorly, bronchial respiration. The sounds remain very near the same as on 14th.

℞. Potassæ cit. liq. f ℥ii.
Syrup. senegæ,
Liq. ammon. acet.,
Vin. ipecac. āā f ℥i.,

and four cut cups on back. A tablespoonful every fourth hour, and Dover's powder at night.

18th.—Pulse 80, less tense; sputum whitish, and no longer rusty colored, and not so copious; tubular respiration giving way to bronchial and moist râles; respiration somewhat rude at the lower portion of right lung, and no dullness on percussion posteriorly. Treatment continued, except the vin. ipecac. Respiration 30 per minute.

20th.—Improved. No blowing respiration; inspiration vesicular, and respiration prolonged; fine crepitant râles and fine sounds still exist posteriorly, but are somewhat coarser; blister 3 by 4 inches over right lung, and continue treatment; pulse 84, respiration 28 to 30; pulse much less tense than it was.

24th.—Much improved, and out of danger.

27th.—He is up, and nearly well, but weak; placed on tonics.

30th.—He has entirely recovered, and is perfectly well, but weak.

Acute Gastritis.—Mary K., aged 40, born in Ireland, entered the hospital May 12, 1860.

Dr. Da Costa saw her for the first time June 17th, 1860, and diagnosed acute gastritis, brought on by drink. The following was her treatment: ℞. Hydrarg. chlo. mit. gr. vi at night, to be followed by four grains in the morning, to be followed by injections, mustard poultice over stomach, and follow that with hop poultice. She vomited up the first powder, and if she was not relieved, was to have a dozen leeches over the stomach on the 18th.

June 18th.—No better. A dozen leeches were placed over the stomach, and gave relief immediately. At night she took six grains of calomel, followed by sulphate of magnesia next morning.

20th.—Much better.

21st.—Still improving; going about, but sent back to bed.

23d.—Cured, and has gone to work in the woods.

28th.—Perfectly well, and still at work, and worked for a month or more, and then eloped.

Reported by J. Solis Cohen, M. D.

Typhus Fever—Autopsy.—Wenzel N., a German, æt. 27, was admitted July 11th with well marked symptoms of typhus fever. He had just landed from an emigrant ship, on board of which some slight sickness, but no deaths, had occurred. He said his own illness had lasted three days, yet the petechial eruption was strongly defined over the entire body and extremities. Pulse 120, full but compressible, respiration 32; throat highly inflamed, with tendency to ulceration.

His treatment consisted of stimulants, liquor am. acet., cold sponging and ice to the head, while to the fauces and pharynx a strong solution of iodide of zinc was applied. He appeared to improve until the 6th day, when the delirium increased, and although his stimulants were advanced to two pints of milk punch and ℥iv of brandy a day, copious diarrhœa supervened, followed on the 19th inst, by a copious perspiration, probably critical, and he died on the morning of the 20th inst.

Autopsy made six hours after death by Drs. Goodman and Lee, of Philadelphia Hospital, the body being still quite warm. No wasting of the body; eyes nearly normal, the pupils being somewhat contracted.

On examining the brain, there was evidence of a good deal of venous congestion of the arachnoid, but no sub-arachnoid effusion. The cerebellum was not as much congested as the cerebrum, but was quite soft, giving way in every direction under slight pressure. The white matter of the brain was normal in appearance, but the gray substance was exceedingly pale.

Chest.—The pectoral muscles seemed rather darker than usual, but otherwise normal. On raising the sternum the pericardium was found extensively attached to it. There was about an ounce and a half of liquid effusion into the pericardium. Each pleural cavity contained three ounces of dark-colored liquid, but no adhesions, or other evidences of pleuritis, were found. The lungs were very much congested with venous blood, crepitant throughout, and floated on the water. Both anteriorly and posteriorly there was intense venous congestion, giving the lungs a purplish black color.

The heart was normal in size, but pale and flabby in appearance. In the right ventricle was found a large yellowish fibrinous clot, extending into the right auricle, and there was a soft black clot in the right ventricle. There was fatty degeneration of

the right auricular wall, slightly extending into the right ventricle. The valves of the heart were in their normal condition.

The liver was normal in size and consistence. The upper part of the right lobe was a little softened.

The spleen was of a purplish color, and pulpy in consistence.

The right kidney was perfectly normal; the left one was congested.

There was congestion of the small intestines. There was no alteration or inflammation of either the mesenteric or agminated glands.

[Reporetd by J. Solis Cohen, M. D.]

Epileptoid Chorea—Angina Pectoris—Slight Hypertrophy of the Heart—Hemorrhage from the Nose, Mouth—Bloody Tears.—Laura Reed, æt. 24 years, was admitted in the hospital four months ago. When a child, she had a severe attack of scarlet fever. She did not walk until she was four years of age; has no recollection of ever having had rheumatism.

She was quite well until about 11 years of age, when she was attacked with chorea. The description which she gives of her condition then, leaves no doubt as to its having been this disease. She got well of this after a short time.

About four years ago, at the age of 20, her present trouble commenced. She was taken with palpitations of the heart; since which time she has been constantly subject to very severe paroxysms of angina pectoris, causing her "to scream out for five minutes at a time." These paroxysms occur with more or less severity three or four times a day. They recur more frequently at night, causing her to awake suddenly, when she experiences first a difficulty of breathing, soon followed by intense pain, which lasts for several minutes, then gradually subsides, allowing her to fall asleep again. The sensation during a paroxysm is sometimes "as if some one had firm hold of her heart between his hands, and squeezed it closely together."

She bleeds quite frequently and freely from the nose and mouth; sometimes from the eyes, in the shape of bloody tears, and occasionally from the ears, as often as once a month, but in no way influenced by the catamenial period.

Her menstruation has been irregular ever since the commencement of her trouble, four years ago. Some time ago she was, for a few weeks, in a house of ill fame; has had one child, and contracted a gonorrhœa, which she had in a mild form.

She has fits of an epileptoid nature occasionally; but never loses her consciousness while having them, though foaming at the mouth.

On physical examination, the lungs are found healthy. The two sounds of the heart are heard distinctly, the organ seeming to act with some violence; there is a slight, not very distinct, blowing murmur, accompanying the first sound of the heart. The apex of the heart strikes lower down than it should—near the upper margin of the seventh rib. There is little lateral displacement of the organ, if any.

The habitus of the patient is decidedly anaemic. She is under general tonic treatment. (We shall refer to the progress of this interesting case hereafter.)

Delirium Tremens—Autopsy.—A. D., æt. 33, died, in the medical ward of the Philadelphia Hospital, of delirium tremens. Post mortem examination made 15 hours after death, by Drs. Goodman and Lee:

Stomach much congested; liver, normal; spleen, exceedingly soft; kidneys, very much congested, soft and pulpy, and completely filled with oil globules; brain, much congested with arterial and venous blood; cerebellum, quite hard, somewhat diminished in size, with a good deal of effusion into the lateral ventricles.

This patient had been brought in the drunkards' ward four days before his death. He was stimulated at first, and got so much better that the stimulus was discontinued, when he was seized with delirium tremens, terminating fatally.

Service of Dr. Levis.

[Reported by C. C. Sherard, M. D.]

New Operation for Varicose Veins.—Ann Campbell, aged 26, born in Virginia, was admitted into the Philadelphia Hospital, with an ulcer on the inside of the calf of the leg, which was surrounded by large bunches of varicose veins. She has had four children, and, with the exception of the ulcer and diseased veins, is in vigorous health.

The enlarged veins appeared after a confinement four years ago, and have since increased in size. The ulcer had existed about three months. The confluent branches of the internal saphena only being enlarged, it was proposed to obliterate that vessel a short distance above the ulcer, just below the inner side of the knee.

The operation, performed by Dr. Levis, for the obliteration of the vein, was on the acupressure principle, after an ingenious method recently recommended by Mr. Startin, of the London Hospital for diseases of the skin. A needle, greatly curved at the point, with a long, straight shaft about the length and thickness of an ordinary knitting needle, was used for the purpose. The curved portion is passed deeply under the vein, and then the straight bar of the needle is drawn along, and a portion of it, about two inches long, is broken off and allowed to remain. Compression is thus effected by making a straight piece occupy a position beneath the tissues taken up by the semi-circular curve of the needle.

The operation was performed on this principle with a needle for the purpose, modified by Mr.

Kolbé, the surgical instrument maker. The improvement in Mr. Kolbé's needle, is in making the shaft of the needle about an inch or more long, and tubular, so that a long wire can be introduced into it instead of having a long, fixed shaft, as in the original needle of Mr. Startin, and which is necessarily broken at every operation. A common knitting needle was introduced into the short, tubular, straight shaft connected with the curved point.

The operation was performed on the fifth inst. It produced very trifling pain, and no blood flowed. A piece of dry lint was placed on the ulcer, and a bandage on the limb from the toes to the middle of the thigh. The patient remained in bed, and felt but little uneasiness from the presence of the wire. On the fourth day the wire was removed, and it was evident that the vein was obliterated. The ulcer appeared to have almost dried up, and the enlarged veins had greatly disappeared, even when the patient was in the erect position.

A few days after the operation, there was some induration just below one of the points of exit of the needle, and a slight discharge of pus.

The patient is now, July 24th, able to walk about the wards, and the ulcer remains healed.

Operations by Acupressure and Subcutaneous Ligature with Silver Wire.—Eliza Cook, aged 72 years, had been in the hospital for three years, suffering from an extreme varicose condition of both legs, but more particularly the right. Her limbs have been thus affected for thirty-five years, and it came on after an attack of milk-leg, following a confinement.

There was no ulcer on her legs, but the woman suffered severe pain, and had been unable to be out of bed for four weeks. As a commencing operation for the relief of so much varicose disease, on the 14th inst. Dr. Levis performed Mr. Startin's operation, as in the previous case, obliterating the saphena a little above the knee.

Previously to the operation, the veins were so distended and the valves so destroyed, that the impulse communicated by tapping with the finger on some of them at the ankle was directly felt among the enlargements on the thigh.

The wire was removed on the fifth day after the operation, when the continuity of the vein was evidently entirely obliterated. The fulness of the varices had much decreased, and the patient was free from pain.

For the further relief of this case, on the 21st inst. Dr. Levis performed another operation, which he prefers for the cure of varicose veins. It consists in simply encircling the vein with silver wire, and twisting it so as to arrest the circulation. A straight needle, threaded with the wire, is passed beneath the vein, and makes its exit through the skin on the other side of the vein. The needle is returned through this last opening, passed *above* the vein, and brought out at the original place of entrance. The ends of the wires are then twisted tightly by means of the wire-twister. The wires will be left surrounding the veins until they loosen.

The places at which the operation had been performed, were covered with pieces of isinglass plaster, and a bandage enveloped the limb up to the middle of the thigh.

At this time, four days after the operation, the patient continues entirely comfortable.

EDITORIAL DEPARTMENT.

Periscope.

From the German by L. Elsberg, M. D., of N. Y.

Opinion on the Remains of a Child's Corpse found in a Sewer.—By Prof. Jos. Maschka, of Prague.—This interesting case is reported in the *Oesterr. Zeitschrift*, für Prakt. Heilkunde V., 44. Only the head, upper extremities, and thorax had been found; the spinal column from second lumbar vertebra downwards, pelvis, all abdominal organs and lower extremities were entirely wanting. Both pleura were filled with mire. The lungs floated in water, both before and after separation of the heart; the latter also floated alone. The lungs had occupied the posterior part of the thorax only, and were flabby and dirty-brownish red, arroded at the borders and covered with air vesicles at the surface and under the pleura. Even the smaller divisions of the bronchia contained traces of mire, which could be pressed out in the form of blackish drops, on making incisions into the substance of the lung. After opening of the superficial air-vesicles, and compression of the substance, the lungs sank to the bottom of the water. The heart was flappy, dirty-brown, bloodless; the foramen ovale, and ductus arteriosus open.

The determination of extra-uterine life and cause of death under so unfavorable circumstances, is so remarkable, that we gladly take the trouble to present to our readers the points of Dr. Maschka's testimony:

1. From the nature of the cartilages, hair and nails, as well as from the diameters of the head, and the length of the extremities and parts of the body that remain, it may be concluded that the child was born at full term or near it. 2. With the progress made by de-

composition, the hydrostatic test justifies no conclusion, but the existence in the larynx, bronchia and even smaller ramifications of traces of the mire in which the corpse was found, leaves no doubt of the fact, that the child has lived and breathed, since the entrance of a foreign body into the air passages under the circumstances implies continued respiration. 3. The presence of this matter in the air passages, is also proof that the child was drowned (suffocated) to death in this mire, since such presence, by preventing the respiratory function, produces death in every human subject under all circumstances. 4. Whether the child was newly born, or whether it did not reach the sewer immediately after its birth, cannot be determined in this case. 5. Nor can it, on account of decomposition and absence of every sign of organic reaction be determined, whether any injury or violence was done the child previous to its suffocation. The loss of several organs was evidently caused from arrosion by rats. 6. Since individual parts, as f. i. the right half of the face, and the right upper extremity were well preserved and decomposition usually progresses rapidly in sewers, an interval of from eight to fourteen days may have passed since the birth of the child.

On the determination of Life of Neonati without Respiration.—Dr. Marklin, of Crefeld, publishes in the *Vierteljahresschrift für gerichtl. und öffentliche Med. Bd., XVI Hft.* 1. an able and instructive article thus headed, on the possibility of meeting in autopsies of neonati with conditions which must necessarily be ascribed to extra-uterine vital action, without our being able to prove that respiration or circulation of blood has occurred. He instances such contents of the stomach and intestines as can reach these organs only after separation from the mother. "Is it not conceivable," he then asks, "that a healthy child may be drowned to death by substituting for the circumambient air, water, or any other liquid, immediately after birth, before the function of respiration is established? And is it not possible, that under such circumstances the only manifestation of life which has occurred—i. e. deglutition—can leave unmistakable traces of its existence? He reports a case in point: A fœtal corpse is fished up from the Rhine. From its examination it resulted: 1. That the child had not been carried to full term, but was in a state of developement between the 6th and 7th month of gestation. 2. That it had not breathed, and therefore, according to present law, not lived.

But there were other phenomena. In the upper part of the abdominal cavity there was found a quantity of black and white sand to the weight of about gr. xv., as source of which three openings were discovered below the pylorus in the course of the duodenum. Sand was also found in the stomach, as well as in the upper part of the intestinal canal, and in the œsophagus; and three granules also, in the windpipe. To explain how the sand came there, there are only three possibilities, i. e. 1. Either the sand suspended in the water must have penetrated the floating corpse; 2. Or the mouth of the child having been stopped up with the sand immediately after birth, the sand must gradually have descended; 3. Or the child must have been placed, at once after its birth, into a fluid, largely containing such sand, and there made its first attempt at respiration and deglutition.

The first two explanations, the author shows to be inadmissible, mainly relying on the experiments of *Riedel & Kranzler* (Casper's Handbuch, vol. 1., p. 567,) which prove that no liquid reached the stomachs of child-corpses and dead cats under the most favorable circumstances possible. There remains, therefore, only the last mentioned explanation; and if this be admitted, it results: that *deglutition, resp. the contents of the stomach, may under certain circumstances prove that a neonatus was alive at birth, even if neither the phenomena of respiration, nor those of circulation can be discovered to have occurred.*

Life without Respiration.—Drs. Lafargue and Degranges found in a fœtal corpse examined for medico-legal purposes all the ramifications of the bronchia filled with a muddy liquid mixed with small sandy and vegetable remains. These masses were exactly similar to those in the creek in which the corpse had been found. Not a particle of air had ever entered the lungs. But these foreign matters, could not have penetrated the lungs so deeply without a strong inspiratory act; and the authors gave their positive opinion that the child had lived in spite of the negative result of the hydrostatic test.—*Gazette des Hospitaux*, No. 50, '59.

Case of Death in a Neonatus by a Fall into a Sink.—Dr. Born, of Görlitz, reports a case in the *Vierteljahr. für gerichtlich. Med.*, XVI p.

36, of a woman, who believing her labor pains to be common belly-ache, and trying to satisfy a constant desire at stool, lost her child in the privy-sink. Within five minutes it was extracted with a hook. It was completely covered with mire, and quite cold. An intelligent midwife, who was soon after on the spot, although convinced that the child was dead, made several attempts at re-animation by rubbing, turning and even insufflation. But life did not return. Examination proved the child fully and well developed; the stomach was found entirely filled with a greenish-yellow thin, pasty liquid containing small air bubbles, fœcal matter, and a maggot one quarter of an inch long. The trachea, on being cut, also disclosed a little of the miry liquid. The lungs were perfectly crepitant and healthy. The child had swallowed mire.

———o———

Œdema of the Brain.—M. Marce, according to the *Medical Times and Gazette*, has made some investigations on œdema of the brain, which he has communicated to the Paris Anatomical Society. Instituting, first, a series of experiments to determine the quantity of water contained in the normal state of the cerebral substance, he found,

1. That, in the normal state, the gray substance of the human brain contains more water than the white—100 parts of the one containing 80 parts of water to 70 of the other. Secondly, in all species of animals (man, sheep, calf, ox, rabbit, pheasant, owl) examined, this predominance is also found in different degrees—the mean difference being a tenth of the total weight.

2. The next point was to ascertain, whether the cerebral substance was capable of absorbing additional quantities of water, without its texture being altered; *i. e.*, whether cerebral apoplexy could exist. To this end, two orders of experiments were instituted: First, brains which had remained untouched, were injected with pure water; and secondly, fragments of cerebral substance were left to soak in water for 24 or 48 hours, or more, and were then weighed. It was found that the fragments had absorbed 50 per 100 of their weight of water, so that 30 parts of solid matters, in place of corresponding to 70 parts of water, as in the normal state, corresponded to 150 parts. Necroscopic researches have confirmed these experiments; for, on submitting brains to desiccation, the membranes of which had been infiltrated with serosity, it has been constantly found, especially with respect to the gray substance, which is more immediately in contact with the effused serosity, that there was a more considerable quantity of water in such brains than in the normal state, as, e. g. 85.90 per cent. in place of 80 per cent.

Thus, in spite of its close texture, the cerebral parenchyma may absorb water, and become œdematous. The fact is of importance in various points of view. First, thus, in comparing the two hemispheres by weight, we must not forget that a simple serous infiltration may give rise to a difference in weight, which may erroneously give rise to the belief in atrophy of the opposite hemisphere. Secondly, infiltration of the parenchyma necessarily gives rise to an increase in volume, which is a matter of great importance in an organ enclosed in a non-extensible case. Thirdly, the symptoms of cerebral compression, attributed to the presence of peripheric serous effusion, are not only due to this superficial layer of fluid, but also to the increase in the volume of the brain arising from absorption of fluid. Fourthly, the methodical desiccation of the brain, the sole method of ascertaining its œdematous condition, should be employed in the anatomico-pathological study of the organ. It is possible, in this way, we might discover the anatomical cause of cerebral symptoms hitherto referred to the class of neuroses or nervous affections.

———

Rupture of the Right Auricle of the Heart in Labor.—In the Ohio *Medical Journal*, Dr. S. Hudson, of Whittlesey, Ohio, reports a case of rupture of the right ventricle of the heart in labor. It took place in a primapara, during the first stage of labor. Having momentarily left the room, the doctor was suddenly called back by the attendants, who said that the patient had fainted. "I stepped to the bed, and found she had thrown herself forward, so that her head was partially off the bed. I had her immediately placed in the horizontal posture, and felt for her pulse, but it was gone." She was dead.

Dr. Hudson was not allowed to save the child by operative means. An autopsy revealed the pericardium filled with blood to its utmost capacity. The heart was found ruptured near the descending vena cava, its texture being very thin and soft, and easily torn. The rupture was sufficiently large for the passage of a thumb.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JULY 28, 1860.

CURRENTS AND COUNTER-CURRENTS IN MEDICAL SCIENCE.

There are certain questions in medicine which will never be settled, for the simple reason that medical science will never be perfect. The phenomenon of periodicity in fevers, for instance, however plausibly interpreted, will ever remain hidden in the dark, unless new instruments are invented to discover as yet unknown elements and chemical combinations that have not yet been disclosed to our senses and understanding.

The members of the Paris Academy of Medicine have been fully up in arms for the last few months, wrangling over that much debated question of "Chemism or Vitalism." The aptitude of the French to make a good deal out of very little—a national trait, exemplified in their kitchen as well as in their talk and literature—has been strikingly manifest in the discussions on the above-mentioned subject.

M. Devergie, having reported upon the treatment of purpura hæmorrhagica and of diseases of the like order, to settle the question of the claim of priority of employing the perchloride of iron in purpura, which he did in favor of M. Pize, the learned academicians could not let the opportunity pass without ventilating their opinions on "first principles." And a good ventilation it was, as every one will understand, when we state that M. Trousseau, the great orator of the Academy—the Demosthenes of the medical *tribune*—opened the ball, and that he was followed by such gentlemen as Poggiale, Piorry and Devergie. "We live in the *iron* age," cried out one of the listeners; "alas, it will be the death-blow to vitalism." The pun was certainly as good as circumstances would permit, yet there is a great deal of solemn truth in this little *jeu d'esprit.*

We have, however, no inclination, at present, to discuss the relative claims of Chemism and Vitalism. There is something nearer at home which demands our attention.

Under the title, "Currents and Counter-Currents in Medical Science," Dr. Oliver Wendell Holmes read an address at the last meeting of the Massachusetts Medical Society. Statements made in the papers of the day, which have been going the rounds through the press, made us expect the publication of this address with some curiosity. It has finally reached us.

We do not like its external appearance. It bears at its head, and over its face, the official muzzle of the Fellows of the Massachusetts Medical Society. We have a dislike to muzzled documents. The society passed a resolution "that it disclaimed all responsibility for the sentiments contained in this annual address." This resolve is printed at the head of the paper. Why this extraordinary procedure? We believe that it was unjust to Dr. Holmes, and unwise, considering it in the mere light of policy. What was the object of the society in doing it? Obviously to counteract, negatively, the influence, as far as possible, which Dr. Holmes' address might have upon the profession and the public. This resolve will make it all the stronger. We have already seen newspapers commenting on it, in the usual style of "one daring to utter the truth," "old fogyism," "martyrdom," "old physic exploded." No one would have held the Massachusetts Society responsible for anything that Dr. Holmes says.

Again, there is no danger whatever to *truth*, and that is the end of science, in the address, divested of its poetically exaggerated plumage,—reduced to its elements. It is a very innocent, a very harmless address, no more dangerous than so much breakfast-table talk. When its rhetorical fanfares have ceased to fill our ears, and its last metaphorical chaser has vanished out of sight, there remain a few suggestions, maxims and principles, that have been advanced long before Dr. Holmes was born, and which we believe will be acceptable to ninety-nine hundred out of a thousand physicians; while, what might be dangerous is so glaringly untenable, that it loses its force.

That in days gone by, there has been too much drugging and dosing, and that the old

Pharmacopia, containing the Album Græcum, Zebethum Occidentale, has been as disgustingly filthy, as is the infusion of the *pediculus capitis* of the homœopaths to-day, is beyond question. That there is a innate desire of the people, resulting from old superstitious habits, to be "drugged" can hardly be denied. That the physician should be careful, not to cater to this morbid taste, is plain. Yet does it follow from this that medicines are useless, that the materia medica should be pitched into the sea? Does it follow that because people have cut their throats and been stabbed, knives should be abolished? Even Dr. Holmes, severely as he opposes "drugging and dosing," does not go as far as that. He would retain opium, also a few specifics, also ether and chloroform. Now Dr. Holmes must admit, unless he shuts his eyes to the experience of the most experienced and most unbiased minds in the profession that there are other narcotics, besides opium, which allay pain; and more than this, that among these there are some, like hyoscyamus, lactucarium, etc., which in many cases alleviate pain quite as successfully, without many of the dangers of opium. If Dr. Holmes wishes to throw these into the water and "poison the fishes," we shall not quarrel with him, but leave him to the tender mercies of the fishermen. Yet *we* wish to use *our* judgment, whether in a given case, where it is necessary to alleviate pain, we shall use opium or something else, and if Dr. *Holmes* is willing to limit himself to opium, *we* are not; if "popies grow in the cornfields"—lettuce grows in the gardens; and we think the latter is just as good a reason to retain lactucarium as the former to retain opium. Let us retain then, with Dr. Holmes' permission, narcotics.

A few specifics! We are glad that the learned Professor of Harvard is willing to grant us *these*. Cases of lead poisoning will happen as long as lead paint is used; mercury in the arts will ever be indispensible, and occasionally people will be poisoned by it; how magnanimous that Dr. Holmes allows us to retain iodide of potassium, which is as sure a specific in these as "the Professor at the breakfast table" in "blues." We have a faint idea that mercury too, *is*, to a certain extent, a specific in certain diseases; as such we will be allowed to retain it, and return thanks to Dr. Holmes for his gracious permission. Iron, we have a notion, is pretty much of a specific in frequent forms of anæmia; so let it stand on the shelf. And quinine, too, we hardly believe Dr. Holmes would consign to the depths of the ocean. Nor some other remedies which act *specifically* in restoring this or that organ to its normal function. Even ipecacuanha and and tartar emetic, we shall be able to retain, by stretching Dr. Holmes' "pass" a little. There is nothing like speedy emesis, when a man has taken a little too much wine, ("which is a food") or other food; it acts specifically—the stomach too full—it will certainly empty it; so let it stand on the shelf for emergencies. Having saved, with Dr. Holmes permission, opium, other narcotics, mercury, iron, quinine, ipecacuanha, tartar emetic, from being ignominiously employed to poison the fishes, and not having time now to multiply our attempts of resuscitating other articles, we shall follow Dr. Holmes to one or two of his propositions. He says:

"The *presumption* always is that every noxious agent, including medicines proper, which hurts a well man, hurts a sick one." We are sorry for Dr. Holmes' reputation as a logician. He has always born a good character in that respect. We would not, unless compelled, take away one iota from his fair fame. Yet this proposition, and it is the hub of his argument, is so untenable that we cannot for the world conceive how any body could get frightened at the superstructure reared upon so weak a basis. It shakes and totters at the breath of a child.

Every one knows that a pint of brandy a day hurts a well man; does it hurt the patient down with low typhoid fever? Not at all. (See Todd, Bennett, etc.) Iodide of potassium will produce its constitutional effects, it will hurt a well man; will it hurt the poor paralysis-stricken artist whose system is laden with lead? Opium will hurt a well man. Will it hurt the patient who is suffering agonies of pain that allow him no sleep? Quinine will

hurt a well man. Will it hurt the man who has been shaken almost to pieces by the ague? Arsenic is a noxious agent, hurting a well man. Will Dr. Holmes, in the face of experience, deny that it not only does not hurt, but benefits many persons sick with various diseases?

How Dr. Holmes could be carried away by such a phantom of a proposition we cannot explain.

So far we have not been able to agree with Dr. Holmes, in "throwing physic to the dogs," or, as he would have it, "to the fishes." In everything else we agree with him. The physician should always, when prescribing, remember that he is dealing with noxious substances, and whether the good to be accomplished by a powerful remedy overbalances its evil effects. For the enunciation of this principle we are, however, not indebted to Dr. Holmes. It has been inculcated many hundred times by many hundred men before him. That the great aim of the physician should be to prevent disease, and if possible, cure it by proper dietetic and hygienic management, is again an old, common-place maxim. That we should rather strive to assist nature than to battle with her—true again. We are glad that Dr. Holmes approves of these sentiments, and none is more capable of stating them beautifully, forcibly, emphatically, than he.

Yet, if Dr. Holmes believes, and we hardly think he does so seriously, that the current of the medical progress of the nineteenth century is towards *abolishing* the materia medica, we think that he is sadly mistaken. The tendency is towards its purification and simplification, not its abolition. As long as man is linked to nature, and his organism is subject to the deleterious influences, which cause disease, progressive science will ever be on the alert to find the antidotes, and the experience of the united profession will determine in future, as it has in the past, which are the best. It is *Mephisto* under Faust's disguise, who said to the medical student:

"Der Geist der Medizin ist leicht zu fassen:
Ihr durchstudirt die gross' und kleine Welt,
Um es am Ende gehn zu lassen, wie's Gott gefällt."

ONE GENERAL INTRODUCTORY.

The Medical Schools of this city have recently united in a resolve to give each a single introductory lecture to their courses.

We will have, therefore, no "introductory week" to precede the winter term. Something will be gained by this action, and there may be some sacrifice. The balance will, we think, prevail in favor of the former.

Introductory lecturing has become but a conventionalism. Its subjects pertain not generally to the courses which they profess to introduce. A week of the valuable time of the student is consumed with the formality, or many, after attending one course, and seeing the little practical good to be acquired in the first week of the course, avoid arriving at the colleges until the real didactic course commences. Those who arrive early, frequently spend the week in running from one institution to another, and perhaps, if they have not come ready consigned to a particular school, will be determined in their destiny by the attractiveness of some of these numerous introductory harangues.

A movement in favor of the above resolve was made a few years ago, and obtained the agreement of two of the colleges. The present united action indicates the harmonious relations of the schools.

Perhaps, as we have said, something may be lost by reduction of the introductories. There will be but one-seventh of the usual autumnal display of medical eloquence, and some well directed inculcation of professional ethics will be missed. On the whole, it is a reform from which true medical teaching will be the gainer. If those to whom the introductory lectures are annually addressed, whose valuable time is taken up, and whose money pays dearly for the pleasure of listening to them, had ever been consulted, the infliction of yearly writing twenty-one introductory lectures could have been long ago avoided by the faculties.

—o—

M. Bertholet, has laid before the Academy of Sciences, a memoir "On the Glucosic Fermentation of Cane-Sugar" with relation to the action of yeast in brewing.

POST-PRANDIAL COMPLAINTS.

Our most estimable cotemporary of the Ohio Medical and Surgical Journal appears to be somewhat behind the times in his views on medical journalism and its tendencies. It affords us much pleasure to enlighten him on the subject. Referring to the recent change of the New York Journal of Medicine, from a bi-monthly to a weekly, the Ohio Journal "looks upon it as essentially a descent from the sublime to the ridiculous, for that journal to come down from the elevated and dignified position it has occupied, to deal in *the little matters that almost necessarily constitute the pabulum on which weekly journals subsists.*"

That part of the remarks which we have italicized, contains a somewhat broad charge against weekly medical journals generally, and we can well afford to attend to this "little matter" with the material that the same number of the "dignified and elevated" Ohio Medical and Surgical Journal places at our disposal.

The July number of the Ohio Medical and Surgical Journal, from which we have quoted, contains ninety-one pages of reading matter. Of these, *forty-five, or one-half* are copied, *horribile dictu*, from *weekly* journals; namely, from the *Medical and Surgical* REPORTER thirty-four pages, *Medical Times and Gazette* seven pages, the *Boston Medical and Surgical Journal* two pages, etc., showing *statistically*, that in fact the weekly medical journals have furnished to the Ohio Journal at least one of the two legs upon which the July number of that journal makes its appearance.

As long as the pabulum which we furnish (speaking of the weekly Press generally,) is so eagerly devoured by our monthly and bi-monthly cotemporaries, they should at least have the common courtesy of life, and not "talk down" their host's dinner, while setting at his table as welcome guests. We do not envy—on the contrary it affords us pleasure, to see them "grow fat" on the pabulum prepared by us; but it is a disgusting sight after your guest has helped himself to all the choice things on your table, to see him deliberately take an emetic and vomit up the whole in your front parlor.

We hope the Ohio Journal will pay a little more attention to the *tendencies* of medical journalism, when, we have no doubt, it will find, not only that the New York Journal of Medicine has done well in changing to a weekly, but that its post-prandial talk about "the pabulum of weeklies" has been most sublimely ridiculous.

THE METEOR OF JULY 20, 1860.

Meteors, though not altogether rare, are always interesting visitors. The obscurity of their origin, while the frequent fall of meteorolites are evidence that they are composed of a tangible material of pretty uniform chemical composition, give these phenomena, be they of celestial, aerial, or terrestrial origin, a degree of interest to men of science (and medical men are always "men of science") which will warrant a description of one which was visible on the night of the 20th inst. over a very wide extent of country.

In November, 1833, we saw the "shower of falling stars," which left such a vivid impression on the minds of all who had the good fortune to witness it. Since that time we have seen and read descriptions of many other meteors, but the recent one, to our minds, ranks second in interest to that unparalleled exhibition. The next day we published in a daily paper of this city, the following description of the meteor of July 20th, 1860, as it appeared to us. The time was twenty minutes to ten o'clock. To those of our family who first saw it, it appeared as a brilliant object slowly approaching from the West, apparently as large as a full moon, and of a bluish tint. When we first saw it, "it was moving across the heavens in an easterly direction. Its progress was slow, and its motion somewhat resembled that of the 'chasers' which proceed from a rocket after its explosion in the air. The ball, which gradually assumed all the colors of the rainbow, without exploding, seemed to leave fragments, which, though entirely disconnected with it, followed it until they gradually dis-

appeared, by consumption apparently, as did also the main body of the ball. We had an almost unobstructed view of the phenomenon for two or three minutes, and it seemed to pass full half way around the horizon, or from the point of sunsetting to that of sunrising." Its altitude was about thirty degrees above the horizon.

The following circumstantial and intelligent account of the meteor, with remarks, we cut from the *Newark* (N. J.) *Mercury*. It is from the pen of Dr. Trimble, of that city :

"I have examined the leading journals within a considerable range, and I find accounts of its having been seen by great numbers in New York, Brooklyn and vicinity, Albany, Oak Hill near Catskill, Poughkeepsie, and all places on the North River, at Philadelphia, Danville, Bucks county, Pa., and at sea, near Egg Harbor.

The writer of this witnessed it from the Market street depot, (Newark,) immediately after the arrival of the Philadelphia train due here twenty minutes before 10 o'clock, and there it did not seem to be more than one hundred yards high, and apparently directly above the city.

An observer at New Haven says he had never seen a meteor pass so near the surface of the earth, and to him also it seemed to pass directly over head. Very similar observations are made by an observer at Danville, Pa. A conductor on the Hudson river road, near Oak Hill, says it passed nearly over his head. Another person in Duchess county makes the same remark. The time observed in all the accounts so nearly concurs, that no one supposes there was more than one of these phenomena; but why *all* should concur in believing it to pass so near the earth when persons so distant from each other should all say it passed almost directly over them, is the most marvelous part of this wonderful phenomenon. Oak Hill, New Haven, and Danville, Pa., would form a triangle on the map, and all distant from each other from 120 to 150 miles. An object only one hundred yards high could only be seen in the immediate neighborhood; at several miles high in the centre of this triangle, the people at these three positions could only see it just above the horizon at a very few degrees of elevation, and all would have to look in opposite directions, but they all saw it directly in the zenith. Now, if it was 800 miles high, where astronomers generally concur in fixing the position of the aurora borealis, there would still be a most perceptible difference, as you may see by drawing a triangle in the proportion of 150 miles base and an elevation of 800 miles.* If it really did pass directly over the heads of the observers at these distant places, it indicates an elevation like that of the heavenly bodies themselves, and not to be estimated by yards or even hundreds of yards. Some speak of explosions and hearing reports. Now, at an elevation of 800 miles, and according to this computation it could not be less, any sound from such an explosion, even if there was an atmosphere to conduct it, could not be heard in less than an hour and a quarter.

To me it seemed to move at about the speed of a flock of wild geese, and at the same elevation they usually fly; and most accounts concur in fixing the time it was visible to any one person at less than half a minute, (though some say they saw it several minutes,) all agree in the remark that it travelled slow, as compared with the velocity of ordinary meteors or shooting stars, but when we consider its immense elevation, and that the whole arc of the heavens was traversed in less than thirty seconds, we cannot comprehend its amazing speed as contrasted with the velocity of sublunary things.

Some accounts say it first appeared as coming out of a small cloud in the west, but others saw no cloud, and the observer at Danville says distinctly there were no clouds visible at the time.

When the meteor was passing directly over the writer of this, it consisted of two parts, as nearly alike in size and appearance as two distinct objects could be, and resembled, more than anything else I have been able to think of yet, the large *humming* tops that boys sometimes play with, the point of the foremost shooting directly forwards, while the handle part (that the boy winds his string round) reached towards the point of the second one, and the handle of the second forming part of the brilliant tail, but as it passed onwards this double appearance was soon lost in the distance, one hiding the other, and appearing then as a mere ball, and growing less and less as it receded. Some accounts speak of it as exploding, others as falling to the earth, others again say they saw three distinct balls. These conflicting accounts are probably owing to the circumstances of the different persons; probably all who saw it as it passed directly in the zenith, must have seen it alike; either before or after its passage it must have appeared differently. You can see two cars distinctly as they pass you, but in a moment after they appear but one.

I was first attracted to this meteor by the brilliant light upon the ground, appearing like moonlight, and in looking up to see the cause, thought at first, like most others, that it was fire-works. The sparks flying off from it added to that impression, but the illusion was soon removed by observing its onward course, parallel with the surface of the earth, and the sparks, after being thrown from the main bodies a short distance, following on in their train.

* According to observations published since this report, the meteor has been seen at distances forming a triangle of at least double these proportions.—EDS.

The colors, pale yellow, blue, and some tinge of red, were strikingly beautiful as the meteor passed directly over us, but immediately after, all this variety was lost, and it appeared, as it receded from us, more like the dull red of the planet Mars.

The size is spoken of as very various—some say it was a mere speck, others as two balls, pear shaped, and others speak of them as each a foot in diameter. This discrepancy can be accounted for by the circumstance that different persons see the sun, moon, and other distant objects, as very different in size. Some will tell you that the moon appears a foot in diameter, others that it is as large as a wagon wheel. I have often, in small companies, tested this experiment."

Correspondence.

Hospitals of London—Visit to Guy's—Death of Mr. Addison—Museum—Bronzed Skin and Disease of Supra-renal Capsules—Pathological Preparations—Wax Models.

London, July 7th, 1860.

Editors of Medical and Surgical Reporter:

GENTLEMEN:—As I am now in London I shall be enabled to send you a description of some of the hospitals. Of these there are two different classes, one of which were in old times monasteries, the lands of which have become, in the progress of time, of immense value; even so much so as to produce to some of them £40 or £50,000 a year. Such are St. Bartholomew's and some others. The other class consists of those which have been formed in more recent times, and which are in most respects similar to those of our own country.

On last Wednesday I visited Guy's Hospital, which is the one of which I had heard most, and which, I think, is most familiar to Americans. The oldest part of the present building is 150 years old. Other portions have been added from time to time, and at present 560 patients can be accommodated at once. They do not, however, keep all the beds full; for, as a general rule, not more than 500 patients are in the hospital. The remaining beds are purposely kept vacant, so as to be ready in case of any sudden calamity, such as a railroad accident, causing a great influx at once.

At the time of my visit a chill had just been thrown over those connected with Guy's by the sudden death of Mr. Addison, the celebrated discoverer of the connection between disease of the supra-renal capsules and a peculiar bronzing of the skin; and who has likewise distinguished himself by his investigation in diseases of the skin; one disease of which (Addison's keloid) has received its name from him, he having first called attention to it. Mr. Addison had passed his 70th year. The circumstances of his death were peculiarly distressing. For some time past he had been observed to have something peculiar in his manner, but no fear had been entertained in consequence of that, of any danger to himself or others. A short time before my visit he threw himself from a height, and was instantly killed, and when I was at the hospital he had not yet been buried. A terrible end indeed, and most unexpected.

The wards of Guy's it is hardly necessary for me to describe, as they are very similar to those which I saw in the Royal Infirmary at Liverpool, with the single exception of being considerably longer. They are much narrower than our wards at home, and the ceilings are much lower.

An object of great interest connected with Guy's Hospital is the museum, which is highly interesting and well worth inspection. It is contained in three large rooms, each with a double gallery running around the walls. One of these rooms contains the Museum of Comparative Anatomy, in which are to be found preparations representing the progress of formation of the chick in the egg; also a large number of skeletons of various animals. I was more interested, however, in the Anatomical and Pathological rooms—and especially in the models by Mr. Towne, the celebrated modeller in wax. The sight of them produced on my mind quite a home feeling, as a very large proportion of them were exact copies of those representing skin diseases in the museum of Dr. Wood in the University of Pennsylvania. Perhaps I ought rather to call those at Guy's the originals, and those at home the copies. The similiarity however is complete. I do not believe that any difference could be discovered by the maker himself. In this department of the museum there is a marble bust of Mr. Addison, made by Mr. Towne, which was admirably done. On the slightest inspection it could be seen that the likeness must be a good one. I have no doubt that if Mr. Towne had turned his talents to work as a sculptor, he would have become distinguished in that line. He had just completed a wax model of a boy afflicted with disease of the supra-renal capsules, and who had died of that disease. He had been brought to the hospital with his skin bronzed, and Dr. Addison had prophecied his death, and that the supra-renal capsules would be found diseased. He did this before many doubting physicians in London, and the conclusion justified his prediction.

I was very much pleased with the arrangement of the museum, and also with the catalogue, which related very particularly all which was interesting concerning the case treated of. If I were to describe the preparations it would be difficult to know where to begin. I noticed one preparation, of an enormous size, representing the osseous base of a fungoid disease of the femur.

Another, in a conspicuous position, was the scalp

of a negro with all the wool, a thing which would hardly be considered necessary to preserve with such care in the United States. On one side of it was the scalp of a native of the Ladrone Island, and on the other that of an Omyhee.

There were several students in the museum at the time I was there, engaged in studying the preparations; many of which they were allowed to take down for the purposes of study. Posted up in every room I saw printed in large capitals, "Silence is indispensable in a place devoted to study."

Guy's Hospital is situated on the south side of the Thames, and near London Bridge. St. Thomas' Hospital is close by. In entering you walk at once without being obliged to knock or ring, into the court yard, in which is a statue, I believe of the founder of the hospital, and then up some steps into a covered walk or arcade, with the rooms of the porter, steward, &c., on each side; and also staircases leading to the upper wards. Having passed through the whole length of this arcade you come again into the open air, and find yourself with the museum on the right, and some buildings on your left, one of which is the office of Mr. Towne. I was very much pleased at seeing grass for the patients to walk about on, although not in anything like the same abundance as at the Pennsylvania Hospital.

I must not conclude without mentioning the anatomical models by Mr. Towne. There were models of different parts of the human frame done in wax. Those representing the nerves especially were admirably done. They were of the size of life, and it was really hard to persuade yourself that it was not a recent dissection at which you were looking.

I shall take up the subject of Guy's Hospital again at a future period.

In the mean time, I remain yours truly,

"M. D. ABROAD."

Vaccine Physicians—Their Compensation.

To the Editors of the Medical and Surgical Reporter.

July 23, 1860.

GENTLEMEN:—In the Reporter of July 7th, you notice the new ordinance in relation to Vaccine Physicians. Permit me to add a few lines, to show the comparative liberality of the new ordinance over the old one that used to obtain a long time ago, when this great city was made up of "the city, districts, and county." In those days each district was governed by a distinct Board of Commissioners, and at the annual meeting in December each Board would elect a Vaccine Physician and a Collector of Vaccine Cases. The collector was to call at every house in the district, and inquire whether there were any children about the house who had not been vaccinated? And whether they would allow it to be done gratuitously by the physician appointed for that purpose? When the answer would be in the affirmative, the collector would enter the name and residence on his list, and hand the list over to the Doctor, whose duty it was immediately to call at each of the houses designated, and vaccinate all who were willing to have him do it, and report to the Board. The Board of the district of the "old Northern Liberties," elected me the Vaccine Physician for that district for several years at a salary of one hundred dollars a year.

My ambition and love of approbation at that time urged me to try to swell the reports as largely as I could. I believe I vaccinated more cases than any other Vaccine Physician in Philadelphia; and one year, I think it was in 1832, I reported successfully vaccinated 1,030 cases. And on an average I paid each of these cases 4 visits, a fraction over 2 cents a visit. The old ordinance paid me for these cases about nine cents a piece for vaccinating. The new ordinance pays fifty cents—a considerable improvement.

J. Z.

Items and Miscellany.

Mortality at the Philadelphia Almshouse.—On the 25th of June last, a committee was appointed by the Common Council of this city "to inquire into the increased mortality among the inmates of the almshouse, and especially the reason for the increase in the number of deaths among the insane." The inquiry was ostensibly based upon the mortality reports of the Board of Health; but, as these do not designate the department of the institution in which the deaths occur, it seems evident to us that some one was the prime mover in this inquiry—we are fain to believe some medical man—who had a sinister motive in exhibiting the management of the present very efficient Board of Guardians of the Institutions to disadvantage. As their policy toward the Insane Department is a marked feature of their management, it was specially singled out in the charges implied in the resolution of inquiry. The result of the inquiry, however, was both a triumphant vindication of the Board, in so far as mortality tables could vindicate that policy, and a stern rebuke to the originator of the calumny, who, in his eagerness to condemn, had hastily based serious charges on premises that were entirely false. In justice to the gentleman who presented the resolution of inquiry in Council, we must say that we believe he was misled by the designing person whoever he was, and that his

own intentions were good. The unreserved manner in which he receded from the charges implied in the resolution of inquiry, and his evident disposition to make amends for it in his report, after a careful investigation into the facts, are evidence of this. The committee report:

"That upon examination of the books of the Almshouse, it appeared that the mortality, both in the Hospital and Insane Departments of that Institution, are not only not increased, but are greatly decreased, under the system adopted by the present Board of Guardians.

For the comparison necessary, your committee took the last year of the former Board of Guardians, which expired July 1st, 1859, and contrasted it with the first and only year of the present Board, which expired July 1st, 1860. By an examination, it appears that for the year ending July 1st, 1859, the average population of the house was 2,513, and for the same period the deaths were 657, or 26·15 per cent. of the average population. For the year ending July 1st, 1860, the average population was 2,520, and the deaths for the same period were 589, or 23·30 per cent. of the average population. This shows a decrease of 68 deaths out of about the same average population, or, in other words, a decrease of 11 per cent. on the mortality of the former year.

In the Insane Department, the decrease of mortality is still greater. For the year ending July 1st, 1859, first above alluded to, and under the former Board, out of an average population of 400, the deaths were 96, or 24 per cent. of the average population; while for the year ending July 1st, 1860, under the present administration, out of an average population of 425, the deaths were 72, or not quite 17 per cent. of the average population, or, in other words, a decrease of 33 per cent. upon the mortality of the former year.

It should be remembered that most of the population of the Almshouse are not under medical treatment at all, and the proper basis of the per centage of mortality among inmates of the Hospital and Lunatic wards should be upon cases treated, and not upon average population. For the purpose of making this comparison, your committee took the last published report made by the then Chief Resident Physician to the former Board of Guardians. This was for the entire year of 1858, and its author therein declares, that during that period "the Institution exhibits a smaller per centage of deaths than has been known for many years."

By this report, it appears that in the various wards of the Hospital, Children's Asylum and Nursery, there were dated during the year 1858, 5,335 cases, of which number 549 died, being a per centage of 10 29-100. Now, by the books of the present Board, there have treated in the same wards, during the year just closed, 6,176 cases, out of which number 478 died, or 7·74-100 per cent., showing a decrease of 25 per cent. on the mortality of the former year.

Your committee would state that no just and reliable calculation, based upon the mortality of the peculiar class of persons which form the population of the Almshouse, can be made with the experience of a single year, and they deem it merely fortunate that the results of this last year has been so favorable. These results, however, must be considered ample, to forbid the presumption (if, indeed, any such arose) that the inmates of the house lack for any thing that could prolong their lives or heal their diseases. The Board of Guardians invited your committee to the closest scrutiny and the most rigid investigation; but your committee paused upon finding that, instead of an increase, there had been a decrease in the mortality.

Your committee then proceeded to examine the "Return of Deaths for the year 1859," published by the Board of Health. By this return, the mortality at the Almshouse for the first six months of 1859 were but 242, greatly less than the number of deaths published as having occurred during the first six months of 1860, and it was upon this published statement the resolution of inquiry was submitted. The explanation is as follows, viz.:

It was the custom of the former Board of Health to publish as deaths, at the Almshouse, only those who were interred there, and not those whose bodies were removed by their friends, which last were returned in another manner. This custom the present Board of Health changed about September last, and, instead thereof, reported all who died at the Almshouse. Of course, as between the two periods there will appear an increase since the adoption of the new rule over the time when but part of the deaths were reported; but, upon examination of the weekly returns made by the Almshouse to the Board of Health for the entire year of 1859, the correctness of the statements above was fully verified."

At the meeting of the Board of Guardians of the poor of the City of Philadelphia, held on the 16th inst., Dr. S. W. Butler was re-elected Physician and Superintendent of the Insane Department of the Philadelphia Hospital.

Vive la Humbug! One of the most ridiculous circulars of the fraternity of quacks, which it has ever been our fortune to behold, is that by one "Dr. Johannes A. Jones, A. M.," of New York city. This individual is the chief of Dr. Jones' Ophthalmic and Aural Institution. He has, according to his announcement, associated with him, Dr. Wharton S. Jones, LL. D., of London, as Corresponding Consulting Surgeon; Prof. De Pfaff, Jr., M. D., of Paris, Corresponding Consulting Surgeon, and Prof. Pulaski Kadiski, M. D., of Vienna, as Corresponding Consulting Physician. With this splendid corps of assistants our man "Johannes" is prepared to attend to "ladies and gentlemen who are afflicted with diseases of the organs of *sense*, and who do not wish to undergo the severe, unskilful and barbarous treatment practiced by physicians and empirics generally."

These benevolent intentions of "Johannes," of course, are to be paid for: "medical and surgical treatment, or either, from $10 to $500, according to the nature of the case." Very modest! As to his personality we are informed that "Dr. Jones, the Physician and Surgeon-in-Chief, is a gentleman of thirty-five, with a natural genius for Ophthalmic and Aural Surgery, and has had the benefit of a thorough education in both the Old and New School Medical Colleges—has had charge of one of the Eastern Eye and Ear Institutes two years, and has had every medical advantage that both this country and Europe can afford, and with a love for the treatment of these organs, has pursued his studies from his earliest boyhood with the intention of making an Aurist and Oculist, and arresting the treatment of these delicate organs from the hands of quacks and unqualified physicians. He is possessed of every therapeutical and surgical improvement known to civilization, with many of his own inventions which are of more value than all others, and which enable him to perform operations with skill and ease that to others is impossible, and to cure those diseases most successfully which are generally pronounced incurable."

"Ophthalmia and sore eyes, running of the ear and deafness, and diseases of the eye and ear of every kind, character and description, operated upon and cured with a skill and success not known or practised anywhere else in the world. In fine, as a graduate of both prevailing Medical Colleges, *i. e.* Alopathic and Homœopathic, and of an Eye and Ear Institute—with our diplomas and documents sus pended in our office, so that none can dispute our veracity or doubt our ability—with the advantage of the principal Infirmaries and Hospitals of America and Europe—unprejudiced in our acquisitions and practice, with the benefit of having treated and seeing treated as many as a hundred thousand different patients afflicted with diseases of the eye and ear, and a thorough knowledge of all the pathies of the day, we are enabled to practice Curapathy, simple and unfailing, and no man without these advantages is capable of being an Eye and Ear Doctor."

"Johannes," practising thus "Curapathy," of course "you will here stand a better chance with *us* than you will at any other institution of the Globe. None can deny our authority and ability, for we stand a little higher than the best. Some professional fogies may call us hard names, and say we are not orthodox, but we are prepared to prove our orthodoxy with the surgeon's case, with the physician's anchor, in practice and in theory, or with the pen and through the press, and we challenge any one or any number that dare assert it. And we will prove conclusively that our doxy is orthodox, and that any other man's doxy is heterdoxy."

"And since you can boast, fellow citizens, of having one skilful Oculist and Aurist in the great Metropolis—one upon whom you can rely, and one who can cure you without torturing you, you will sustain him, for he has sacrificed everything in getting his profession; and if it were not for your ills, his profession would never have been needed."

Thus endeth the lesson of the illustrious and gifted "Dr. Johannes A. Jones, A. M."

Army and Navy.—Leave of absence for two months has been granted to Assistant Surgeon J. Campbell; at the expiration of which, he has been ordered to report for duty to the Commanding Officer of Plattsburg Barracks.

Leave of absence for two months from 1st of September next, has been granted to Assistant Surgeon W. A. Hammond. The resignation of Assistant Surgeon W. A. Hammond, has been accepted by the President of the United States, to take effect October 31, 1860.

The leave of absence heretofore granted to Assistant Surgeon C. G. Hollenbush has been extended two months for the benefit of his health.

Long Island College Hospital.—The first commencement of this Institution was held at Brooklyn, L. I., on Tuesday evening last. The degree of Doctor of Medicine was conferred upon twenty-one candidates, all of whom we suppose, had attended one or more courses of lectures at other institutions. The address of the evening, on the part of the faculty, was delivered by Dr. Austin Flint. Mr. or rather Dr. Morrison of the graduating class spoke the valedictory on the part of the students.

Harvard University.—At the commencement of Harvard University on July 20th the degree of Doctor of Medicine was conferred upon 42 students.

Ozone.—M. Schrötter (Secretary of the Academy of Sciences at Vienna) has discovered ozone in the mineral kingdom. A violet-colored variety of fluorate of lime, from the stratified granite of Welsendorf, in the Upper Palatinate, on rubbing, gives out an odor resembling hydrochloric acid, and on examination by M. Schrötter has been found to manifest energetically all the reactions proper to ozone. Future researches will be laid before the Academy, in whose reports they will be published.—*Med. Times and Gaz.*

Statistics of Drunkenness.—In the year ending Michaelmas last 56,161 persons in England and Wales were punished by Magistrates for being drunk, or drunk and disorderly, 10,486 of them were women; the number charged was 89,903, 24,395 of them women. In 306 cases in the year 1859, on coroner's inquests, a verdict was found of "Died from excessive drinking. We took toll upon the 6,775,911 gallons of foreign wine and the 4,909,847 gallons of foreign spirits that were imported and retained for home consumption in 1859; and, as for home-made beverages, the Inland Revenue Office has just informed us that in the year ending March 31, 1860, the excise duty collected on spirits amounted to £10,000,191, on malt to £9,852,458, on hops to £462,881.—*Med. Times and Gaz.*

"*Quinta essentia hirundinum fabri.*—To make quintessence of swallows—take twenty or more swallows, choke them so that their blood may remain within them, cut them into small bits, feathers and all, then distil from a glass vessel and save the quintessence. This medicine powerfully cures the epilepsy, palsy trembling, gout, numbness, cramp, convulsions, and helps all chronic affections."

The above is from *Salmon's London Dispensatory*, an eminent authority about one hundred years ago.

Criminal Lunatics.—The British Parliament is considering a bill for "the custody and cure of criminal lunatics" in an asylum appropriated for that purpose.

The post mortem examination of the body of Prince Jerome led to the discovery of a ball which had remained in his chest after a duel which he fought in his youth with a brother of Marshall Davoust.

Insanity etc. in Ohio.—From a recent report of the Secretary of the State of Ohio it appears that there were 12,829 afflicted persons in the public institutions of that State, of whom 807 were idiotic, 814 insane, 693 deaf and dumb, 415 blind, 44 deaf, dumb and blind; 3 blind and idiotic; 1 blind and insane, and 45 afflicted with epilepsy.

Influence of Sex on the Diseases of Children.—The following are the conclusions derived from a consideration of 10,000 cases of disease, observed by Dr. Kuttner at the Children's Hospital, at Dresden:

1. Male infants are far more frequently, and especially during the first year, the subjects of disease of the digestive organs than female infants. It is a well-known fact that they are more difficult to bring up by hand, being much more liable to have the digestive apparatus disordered by defective or erroneous diet. In a relatively equal mortality of the two sexes, a much absolutely greater number of males die of this class of diseases. 2. So also, diseases of the nervous system, particularly brain affections, and especially within the first five years of life, are almost twice as frequent in boys as in girls. 3. Finally, boys are far more disposed to hernia (of 116 cases, 75 occurred in them) than girls, and that with regard to both umbilical and inguinal hernia. 4. On the other hand, girls suffer more than boys from affections of the respiratory organs, especially catarrhal affections; for while the former presented 1128 cases, the latter presented but 988. But the difference becomes especially obvious during the fifth year; as the difference, insignificant (873 girls to 843 boys) prior to that age, then mounted up to 255 as compared to 145. Of 498 cases of pertussis, 281 occurred in girls and 217 in boys. Of 17 cases of croup, 9 occurred in boys, and 8 in girls. 5. In organic disease of the heart, a preponderance of females existed, viz., 13 out of 19 cases. 6. In acute blood-diseases, as exanthematous and typhus fevers, sex seems to exert no influence; but such influence is remarkable in the chronic blood-diseases and dyscrases, especially in anæmia, and scorbutus-like depravation of the blood. Of 144 cases of this class of disease, only 26 occurred in males, and 118 in females. The difference becomes more marked with the advance of life; for while under 7 years of age, 17 boys and 30 girls belonged to this group, between the years of 8 and 13, there were but 8 boys to 88 girls. Scrofula and tubercle ex-

hibited themselves in the proportion of 305 in girls to 269 in boys. Until the course of the second year, there was a preponderance in the males (86 boys to 69 girls;) but after the fifth year there were, owing to the greater frequency of pulmonary phthisis among them, 121 girls to 72 boys. Rickets were observed in 577 boys and 610 girls, the disease being later developed and more enduring in girls than in boys. Congenital syphilis was observed in 36 boys and 49 girls. 7. Chronic diseases of the skin occurred in 903 of the 10,000 cases of disease; but no marked difference from sex was observed prior to the ninth year, after which period girls were found much oftener subject (88 to 31,) and especially to diseases of the scalp, than boys. 8. Enlarged thyroid gland was met with in 15 male and 35 female chlldren—25 of the latter having passed the ninth year.—*Med. Times and Gaz.* Dec. 24, from *Journal fur Kinderk.*, Bd. xxxii.

Turning by External Manipulations.—Professor Esterle, of Trent, contributes an interesting paper, founded upon ten cases of external turning successfully performed in his own practice. The following are his general conclusions:—1. Spontaneous correction of transverse presentations is of frequent occurrence during the last months of pregnancy, and takes place sometimes even during parturition. 2. It is due to various causes, but especially to uterine contraction and to the combined action of the spontaneous movements of the fœtus and of its centre of gravity. 3. It is possible to effect turning in transverse presentations by means of external manipulations. 4. This is better effected during pregnancy than during parturition. 5. The best manœuvres consist in gliding pressure and methodical concussions, which should be modified according to the position of the child, and to whether the head or breech be sought to be brought down—turning by the head being that which should in general be preferred. 6. External turning is a harmless operation, and usually by no means a difficult one; and it should be carefully tried in all transverse presentations. 7. It obviates the danger arising from more serious operations, and diminishes the probability of the occurrence of premature labor, which so frequently takes place in presentations of the trunk.—*Med. Times and Gaz., from Omodei Annali*, vol. clxviii. p. 194.

Humboldt's Library, which was sold to Messrs. Asher & Co., booksellers of Berlin, will be re-sold by catalogue towards the close of the present year.

Answers to Correspondents.

COMMUNICATIONS RECEIVED.—*Florida*, Dr. J. J. Hulse, [with encl.]—*Illinois*, Dr. B Woodward—*New Jersey*, Dr. G. Grant, (2,) Dr. Ch. W. Stickney, [with encl.,] Dr. J. G. Calhoun, Dr. Max Kuechler, (2,) Dr. Theo. T. Price—*Ohio*, Dr. A. J. Hyatt—*Pennsylvania*, Dr. B. D. F. Baird, Dr. A. C. Campbell, [with encl.,] Dr. James P. Scott, Dr. A. M. Miller, Dr. J. Swartz.

Office Payments.—Dr. J. K, Shibels, (Del.,) Dr. Wm. L. Martin, (N. J.,) Dr. Ira Day, Dr. A. S. McMurray. By Mr. Hulme: Drs. Henry D. Lachemeier, A. D. Beeker, John Romig, C. L. Martin, F. W. Quig, W. G. Detweiler, A. B. Breinig.

DEATHS.

BIBIGHAUS—At his residence in Middleburg, Snyder county, Pa., July 3d, 1860, of consumption, John Bibighaus, M. D., in the 53d year of his age.

Dr. B. was a son of the late Rev. Henry Bibighaus, of Philadelphia, where he studied medicine and was among the first graduates of the Jefferson Medical College. In the spring of 1829, he removed to Middleburg, where he at once succeeded to a large and lucrative practice which he retained until his failing health incapacitated him from attending to its arduous duties. His many social qualities, combined with a generous disposition, made him a prominent member of the community, and endeared him to a large circle of friends. A town and neighborhood have been called upon to submit to a loss which cannot easily be replaced, a family, consisting of a wife and four children, to mourn the loss of a kind and indulgent husband. He died as he lived, a christian. B.

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1860–61.

FACULTY.

T. L. BUCKINGHAM, D.D.S.
Professor of Chemistry and Metallurgy.

J. H. McRUILLEN, D.D.S.
Professor of Anatomy and Physiology.

WILLIAM CALVERT, D.D.S.
Professor of Mechanical Dentistry.

J. L. SUSSEROTT, D.D.S.
Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.
Professor of Dental Physiology and Operative Dentistry.

D. H. GOODWILLIE, D.D.S
Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S.
Demonstrator of Mechanical Dentistry.

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

For further information, address

W. CALVERT, Dean,
133 North Eleventh street,
Philadelphia.

197—ew13t

COLLEGE OF PHYSICIANS AND SURGEONS,

CORNER 23D STREET AND FOURTH AVENUE,

NEW YORK.

FIFTY-FOURTH SESSION 1860-'61

EDWARD DELAFIELD, M. D., President of the College, and Professor Emeritus of Obstetrics.

ALEXANDER H. STEVENS, M. D., LL.D, Professor Emeritus of Clinical Surgery.

JOHN TORREY, M. D., LL.D., Professor Emeritus of Chemistry and Botany.

JOSEPH MATHER SMITH, M. D., Professor of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.

ALONZO CLARK, M. D., Professor of Pathology and Practical Medicine.

JOHN C. DALTON, JR., M. D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Professor of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOTT, M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy and Curator of the College Museum.

The Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures, $105. Graduation Fee, $25. Demonstrator's Fee, $5. Matriculation Fee, $5.

JOHN C. DALTON, JR., M. D.,
Secretary of the Faculty.

192—3m.

TO PHYSICIANS.

A PHYSICIAN offers for sale his good will and property, consisting of a good dwelling house, with double office attached, and well improved lot, eligibly located, has been the residence of a physician for the last fourteen years.

A physician wishing to secure a pleasant home and good practice in an enterprising, intelligent, moral community, on moderate terms, and easy payments, will address

J. G. L. SHINDELL,
Selinsgrove, Pa.

Or P. S. LEISENRING, M. D.,
Hollidaysburg, Pa. 192—4t

TRUSS

AND

BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

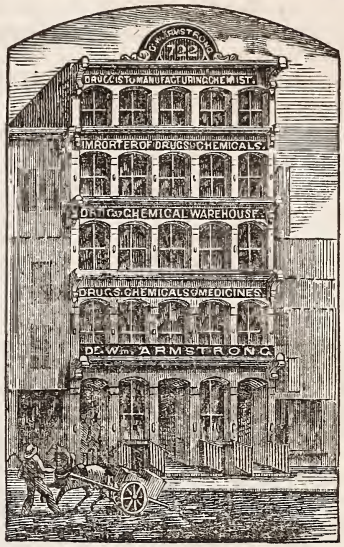
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with above, with flattering results. 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.



Also a General Assortment of Concentrated Medicines, from the Laboratories of MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut	2 to 5	1 50
Alnuin	Res. Rd. Neut	2 to 10	75
Apocynin	Rd. Res. Neut	½ to 3	2 00
Asclepin	Rd. Neut	1 to 5	1 50
Baptisin	Res. Neut	1 to 8	1 00
Barosmin	Res. Neut	1 to 3	2 00
Caulophylin	Rd. Neut	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut	2 to 5	1 25
Chimaphilin	Res. Rd. Neut	2 to 5	1 00
Collinsonin	Res. Neut	2 to 5	2 00
Colocynthin	Rd	½ to 2	2 00
Cornin	Rd Neut	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut	1 to 3	3 00
Cypripedin	Rd. Neut	2 to 4	1 00
Digitalin	Rd. Alk. two Neut	⅛ to ½	1 50
Dioscorein	Res. Neut. M. R	2 to 5	1 50
Enonymin	Rd. Alk. Neut	1 to 4	2 00
Enphorbin	Rd. Neut	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk	2 to 5	1 50
Fraserin	Res. Neut. and M. R	2 to 10	1 00
Gelsemin	Rd. Alk. Neut	½ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd Neut	3 to 8	2 00
Hamamelin	Res. Neut	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut	⅛ to ½	2 50
Irisin	Res. Rd. Alk. Neut	1 to 3	1 00
Jalapin	Res	2 to 5	1 50
Juglandin	Rd. Neut	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut	2 to 5	60
Lupulin	Res. Rd. Neut	1 to 4	75
Lycopin	Rd. Neut	1 to 4	1 00
Macrotin	Rd. Alk. Neut	½ to 2	60
Menispermin	Rd Alk. Neut	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut	½ to 3	1 00
Podophyllin	Rd. Alk. Neut	½ to 3	60
Populin	Rd. Neut	2 to 5	50
Prunin	Rd. Neut. Amyg	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to and sent to all parts of the United States, by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Phila'a.

J. M. MIGEOD,

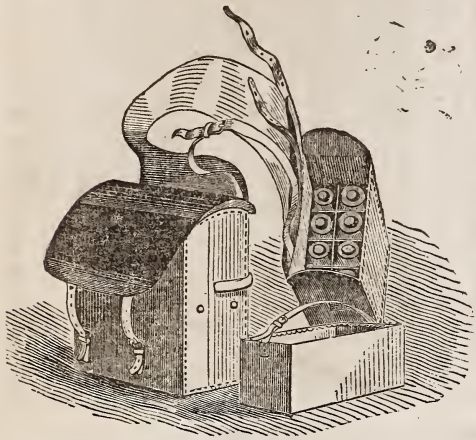
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12	1 oz. Ground Stop. Bottles and			
	12	1½ oz.	"	"	$9 50
No. 2, containing	10	1 oz.	"	" and	
	10	1½ oz.	"	"	8 50
No. 3, containing	8	1 oz.	"	" and	
	8	1½ oz.	"	"	7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24	1 oz. Ground Stop. Bottles,			$10 50
No. 5, "	20	1 oz.	"	"	9 50
No. 6, "	16	1 oz.	"	"	8 50

Pattern with Drawers in Ends.

No. 7, containing	24	1 oz. Ground Stop. Bottles,			$10 50
No. 8, "	20	1 oz.	"	"	9 50
No. 9, "	16	1 oz.	"	"	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27	1 oz. Ground Stop. Bottles,			
" "	18	½ oz.	"	"	
" "	4	Pots,	"	" and	
" "	1	Mortar,	"	"	$19 00
No. 2, containing	21	1 oz. Ground Stop. Bottles,			
" "	14	½ oz.	"	"	
" "	4	Pots,	"	" and	
" "	1	Mortar,	"	"	$15 50
No. 3, containing	18	1 oz. Ground Stop. Bottle			
" "	10	½ oz.	"	" and	
" "	4	Pots,	"	"	$12 00
No. 4, containing	20	1½ oz. Ground Stop. Bottles and			
" "	2	Pots,	"	"	$8 50
No. 5, containing	15	1 oz. Ground Stop. Bottles,			$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9	1½ oz. Ground Stop. Bottles,			
" "	18	1 oz.	"	"	
" "	18	½ oz.	"	"	
" "	4	Pots,	"	" and	
" "	1	Mortar,	"	"	$20 00
No. 2, containing	7	1 1½ oz. Ground Stop. Bottles,			
" "	14	1 oz.	"	"	
" "	14	½ oz.	"	"	
" "	4	Pots,	"	" and	
" "	1	Mortar,	"	"	$16 50
No. 3, containing	14	1 oz. Ground Stop. Bottles,			
" "	14	1½ oz.	"	" and	
" 4	4	Pots,	"	"	$13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours.

THOMAS D. MUTTER,
Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1860-'61.

FACULTY.

B. HOWARD RAND, M. D.,	Professor of	Chemistry.
HENRY HARTSHORNE, M. D.,	"	Practice of Medicine.
LEWIS D. HARLOW, M. D.,	"	Obstetrics, &c.
WILLIAM S. HALSEY, M. D.,	"	Surgery.
WM. HEMBEL TAGGART, M. D.,	"	Materia Medica.
JAMES AITKEN MEIGS, M. D.,	"	Institutes of Medicine.
WM. H. GOBRECHT, M. D.,	"	Anatomy.
THEODORE A. DEMMÉ, M. D.,	Demonstrator of	Anatomy.

The session of 1860-'61 will commence on Monday, 8th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

The Rooms for Practical Anatomy will be open early in September.

The College Clinic will be conducted on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in this city.

FEES.

Matriculation, (paid once only,) - - -	$5 00
For each Professor's Ticket, - - - -	15 00
Graduation, - - - - - - - -	30 00

LEWIS D. HARLOW, M. D., *Dean*,
192—1em *No.* 1023 *Vine, below* 11*th Street.*

J. M. MIGEOD,

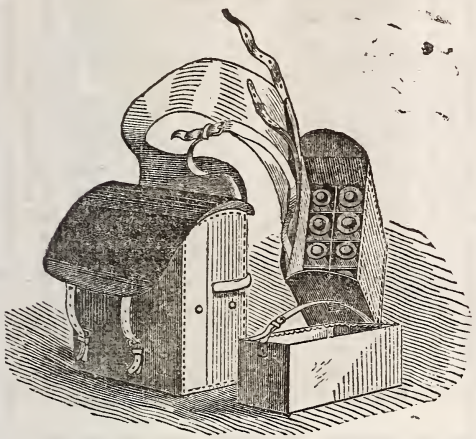
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50
No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50
No. 3, containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " 9 50
No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottle
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" 4 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ.. &c.. &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

DENTAL INSTRUMENTS—TEETH.

JOHN KLINE,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, FINDINGS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 188

COLLEGE OF PHYSICIANS AND SURGEONS,

CORNER 23D STREET AND FOURTH AVENUE,

NEW YORK.

FIFTY-FOURTH SESSION 1860-'61

EDWARD DELAFIELD, M. D., President of the College, and Professor Emeritus of Obstetrics.

ALEXANDER H. STEVENS, M. D., LL.D, Professor Emeritus of Clinical Surgery.

JOHN TORREY, M. D., LL.D., Professor Emeritus of Chemistry and Botany.

JOSEPH MATHER SMITH, M. D., Professor of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.

ALONZO CLARK, M. D., Professor of Pathology and Practical Medicine.

JOHN C. DALTON, JR., M. D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Professor of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOTT, M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy and Curator of the College Museum.

The Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures, $105. Graduation Fee, $25. Demonstrator's Fee, $5. Matriculation Fee, $5.

JOHN C. DALTON, JR., M. D.,
192—3m. *Secretary of the Faculty.*

A COURSE OF INSTRUCTION IN ANALYTICAL CHEMISTRY, therapeutical and practical, and with the especial view to the wants of the physician, will be commenced early in July. The course will close with the Analysis of Animal Fluids, Blood, Urine, &c.

Applications to be made at the laboratory of

J. M. MAISCH.
800 Arch Street.

Organic and Inorganic Analyses promptly attended to. 190

TRUSS

AND

BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

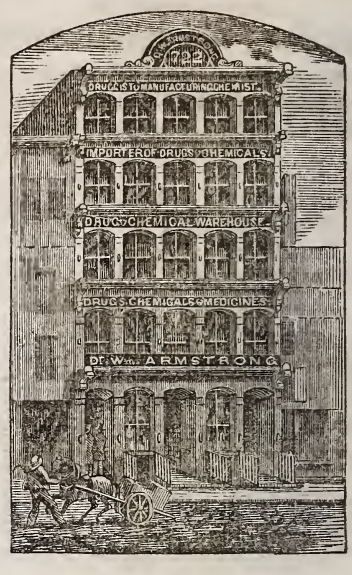
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with above, with flattering results. 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.



Also a General Assortment of Concentrated Medicines, from the Laboratories of MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut	2 to 5	1 50
Alnuin	Res. Rd. Neut	2 to 10	75
Apocynin	Rd. Res. Neut	½ to 3	2 00
Asclepin	Rd. Neut	1 to 5	1 50
Baptisin	Res. Neut	1 to 3	1 00
Barosmin	Res. Neut	1 to 3	2 00
Caulophylin	Rd. Neut	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut	2 to 5	1 25
Chimaphilin	Res. Rd. Neut	2 to 5	1 00
Collinsonin	Res. Neut	2 to 5	2 00
Colocynthin	Rd	½ to 2	2 00
Cornin	Rd Neut	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut	1 to 3	3 00
Cypripedin	Rd. Neut	2 to 4	1 00
Digitalin	Rd. Alk two Neut	¼ to ½	1 50
Dioscorein	Res. Neut. M. R.	2 to 5	1 50
Euonymin	Rd. Alk. Neut	1 to 4	2 00
Euphorbin	Rd. Neut	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk	2 to 5	1 50
Fraserin	Res. Neut. and M. R.	2 to 10	1 00
Gelsemin	Rd Alk Neut	¼ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd Neut	3 to 8	2 00
Hamamelin	Res. Neut	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut	⅛ to ½	2 50
Irisin	Res. Rd. Alk. Neut	1 to 3	1 00
Jalapin	Res	2 to 5	1 50
Juglandin	Rd. Neut	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut	2 to 5	60
Lupulin	Res. Rd. Neut	1 to 4	75
Lycopin	Rd. Neut	1 to 4	1 00
Macrotin	Rd. Alk. Neut	½ to 2	60
Menispermin	Rd. Alk. Neut	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut	½ to 3	1 00
Podophyllin	Rd. Alk. Neut	½ to 3	60
Populin	Rd. Neut	2 to 5	50
Prunin	Rd. Neut. Amyg	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to and sent to all parts of the United States, by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Philada.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 198. | PHILADELPHIA, AUGUST 4, 1860. | NEW SERIES VOL. IV. NO. 18.

ORIGINAL DEPARTMENT.

Communications.

Thompson's Gingival Margin, a Sign of Pulmonary Tuberculosis, with Cases Illustrating the Same.

By A. P. Dutcher, M. D.

Of Enon Valley, Lawrence Co., Pennsylvania.

The symptoms and signs of tubercular disease are frequently very obscure, particularly in the first stage. After vomicæ have formed, and hectic has supervened, there is no trouble in making out the case. Treatment then can be of little avail. If we desire to be of any use to this class of individuals, we must be able to detect the malady in its incipient stage. Any sign or symptom, therefore, that will reflect the least light upon the subject should be carefully noted, and its teachings faithfully applied.

Of all the signs of incipient tubercular disease, there is not one more valuable than Thompson's Gingival Margin. Although not an infallible mark, yet it is one that can always be relied upon when present. Even in what some writers have called the pre-tubercular stage, it sometimes stands out as a marked sign of that morbid process which has proved so destructive to our race.

And from an extensive acquaintance with medical men, I am satisfied that this sign of phthisis is not sufficiently estimated, and its practical teachings duly regarded. We frequently meet with members of the profession who scarcely know what we mean when we allude to it, although it is ten years since Dr. Thompson described it in the London *Lancet*, and it has been frequently republished in our American medical journals.

A friend observed to me, the other day, that he had seen a notice of it in some medical journal, but it had escaped his memory, and he did not think it of much value, for he had got along pretty well so far without it. If this article should, therefore, be so fortunate as to fall into the hands of any such inattentive cultivator of medical science, I hope he will retrace his steps, and give the subject a more careful examination.

For the benefit of those who have not Dr. Thompson's Lectures on Consumption, we will here give a brief description of his gingival margin or streak. In most phthisical patients, it will be found at the edge of the gums, where they are reflected around the teeth. This border is usually deeper in color than the adjacent surface, and has a festooned appearance. This line is sometimes a mere streak, and at others a margin of more than two lines in breadth. As the disease progresses and becomes more decided in its character, this margin will exhibit a vermillion tint, inclining to lake. As a general occurrence, it is most distinct around the incisor teeth, but it is frequently apparent also round the molars. In very grave cases, where the margin is strongly defined, it is not uncommon to find hypertrophy of the gums also accompanying it. When this occurs, it renders the diagnosis of the streak more pronounced.

But this sign should not be taken without some caution. Tarter, mercury, and iodine will produce a redness of the gums, which may be taken for it. In these instances the discoloration is more widely diffused; or, if it in any way assumes the appearance of the gingival margin, it does not so naturally merge

in the tint of the adjacent membrane. When the discoloration is occasioned by the accumulation of tarter alone, it may be distinguished from that by the ragged and uneven appearance of the border, and from its continuance on the gums after the tarter has been scaled off. But if we exercise due care, there is not much danger of going astray, for there is no evidence that the gingival margin ever occurs in any other malady; such, at least, is the testimony of Drs. Thompson, Roe, Pierce and Smith, who have had extensive opportunities of observation at the Brompton Hospital for Consumptives, London.

For the last eight years, I have kept a careful record of every case of pulmonary consumption that I have been called to attend. They number 58. Out of this number the margin was present in 48. It was more frequent in the males than the females. It also made its appearance in the young much sooner than the old. It will sometimes anticipate the development of the disease for two or three years; but most commonly the disease succeeds the appearance of the streak in a very short time. In five cases that I have seen, the disease preceded the streak, and was not clearly defined until after it had made considerable progress.

The early appearance of the margin is unquestionably an unfavorable circumstance, and cases of this kind terminate very rapidly; but not always. I am acquainted with a medical man who has had pulmonary tuberculosis for five years, and the margin was one of the earliest signs. During that time he has had nearly every symptom and sign of the disease; but, fortunately for him, the disease has been confined to but one lung, and at the present time there appears to be a good prospect that he will outlive it, and regain his usual health. At some future time I will present a full account of this case, for it is interesting in more particulars than one.

In the incipient or pre-tubercular stage, if the margin disappears under appropriate treatment, which I have frequently seen, it may be regarded as a favorable indication. It is just here that I regard this sign as the most valuable, in thus pointing out the very commencement of the disease, and giving us warning of the destruction that will ensue, unless measures are faithfully employed to correct the constitutional vice upon which it depends.

Allow me, in this connection, to cite a few cases that will illustrate, to some extent, the character of the gingival margin, as it sometimes presents itself to our view during the progress of phthisis.

Five years since, a young lady came to me for the purpose of having a tooth extracted. On examining her teeth, I found the gingival margin very clearly defined, both on the gums of the upper and lower jaw. It was nearly three lines in breadth, and of a very bright red color. After extracting the tooth, I made some general inquiries in relation to her health, parentage and occupation. She said her health had always been good, that there was no phthisis in her family, and when at home she was usually employed in doing light housework. She was of the nervo-sanguineous temperament, and presented the appearance of an individual in perfect health.

After she left, I observed to a professional friend, who was in the office at the time, that if there was any value to be attached to Thompson's gingival margin as a sign of phthisis, that young lady would some day fall a victim to the disease. This was in the spring of 1855. I saw no more of her until the fall of 1858. She had been gradually declining for six months, was very much emaciated, had confirmed hectic, and all the physical signs of extensive tubercular disease of both lungs. The streak upon the gums was still very marked; but, instead of being brilliantly red, it was now a dark purple, inclining almost to black, a sure index of that state of the vital fluid which cannot sustain the spark of life but a short time. She died four weeks after I saw her. So far as I could learn, the treatment of her case had been empirical.

During the month of September, 1857, I was called to attend a young man, ill with a mild attack of dysentery. During my examination of his case, I discovered that the gingival margin was very distinctly marked.

After his recovery, I informed him that I was fearful he would, at no distant day, have phthisis, and advised a course of treatment. But it was declined—there was no consumption in his family, and he thought my fears were groundless. I saw him frequently during the winter, and he appeared to enjoy good health. About the first of April he took cold, had a bad cough, did not rest well at night, lost his appetite, declined in flesh, and was very weak, but was still able to attend to his business. He remained in this condition until about the first of May, when he became much worse, had to take his bed and send for me.

At my first visit, I found him with a pulse 110 per minute, respiration 30; fever, pain in the head, mouth and throat red, and scattered over with prominent follicles; gingival margin streaking the gums of both upper and lower jaw; bowels costive; urine scanty and high colored; cough dry and suffocating; complains of pain in the left side, and cannot lie upon it. Percussion elicits dulness under the left clavicle. On auscultation, slight crepitation, prolonged expiration, with marked increased vocal resonance, indicating inflammation, and tubercular infilteration of the superior lobe of the left lung.

The treatment for the first few days, consisted chiefly in blistering, antimony, nitre, purgatives, and Dover's powder. After the inflammation was subdued, he was put upon the use of cod liver oil, quinia, iron, brandy, and a generous diet. With this treatment he improved rapidly. The crepitation and dulness soon disappeared. His appetite good, bowels regular, and cough in no way troublesome. The gingival margin had entirely disappeared by the first of August; and on the first of September he appeared to be in the enjoyment of good health, having gained 20 pounds in weight.

From this time until the spring of 1858 he was very well, and he fondly hoped that his cure was perfect, but we were doomed to disappointment. About the middle of April, he walked five miles one evening to a concert, and returned home through a cold, drenching rain, and retired to rest with his wet underclothes on. The result was a return of his old difficulty. Treatment of no kind was of any use. Hectic soon supervened, and he fell a victim to the disease on the 10th of August. The gingival margin was not so marked in the latter attack as the first; and between the two attacks, there was two years and a half that it was not present, thus proving very conclusively that the tubercular diathesis may be in a great measure overcome, and phthisis prevented, by those remedial agents which have for the last few years become so deservedly popular with the profession.

We will present one case more, and then conclude our remarks, for the present, on this subject. On the third of April, 1854, Mr. R., aged 25, came to my office for advice. He was a book-keeper by profession, and a marked example of the nervo-bilious temperament. He was tall, well formed, and his frame appeared to be close-built and sinewy; his chest was broad and deep; his head large, and his face bold and commanding, and the whole appearance of the man, masculine and staunch. His habits were regular, and temperate; had been married four years; and had a hereditary title to phthisis, his father having died with the disease. He has generally enjoyed good health, until six months since, during which time he has been suffering from a troublesome diarrhœa. At times it is very severe, causing him to arise frequently during the night. Has some fever in the after part of the day. Mouth and tongue red. Gingival margin very marked. Pulse and respiration rapid. Has no cough or pain in the chest. His appetite is good, but digestion is badly performed, the food passing through the alimentary canal but little changed. He says he is quite gloomy and spiritless, and is losing his strength very fast. His physician has been treating him for muco-enteritis, but without benefit.

From the very marked appearance of the gingival margin, I was led to an examination of his chest, when the following physical signs presented themselves. On percussion, there was dulness on the right side, beneath the clavicle, accompanied with prolonged expiratory murmur, and bronchophony. On

the left side the inspiratory murmur was harsh, the expiratory prolonged, but little or no increase of vocal resonance could be detected, and no dulness. These signs clearly indicated a considerable amount of tubercular exudation in the apex of the right lung, which was undoubtedly softening, and a much smaller amount in the left lung, which was still crude.

The prognosis was not pleasing to the patient. He sought advice elsewhere. He was assured that there was nothing the matter with his lungs, that his disease was chronic diarrhœa, and that with proper treatment he would soon be well. I saw him occasionally during the summer, but did not examine his case professionally until the middle of September. He had emaciated very much; his bowels were still very troublesome. Cough and expectoration very annoying. Has confirmed hectic. Physical signs show several cavities in both lungs. Gingival margin very purple. From this time he declined rapidly, and died on the 5th of October.

From the remarks that have been made, I think we may safely draw the following conclusions:

1st. Thompson's gingival margin is an unfailing sign of the tubercular diathesis.

2d. That when present, no matter how obscure every other symptom and sign of phthisis is, we may, with certainty prognosticate its development at no distant day.

3d. In managing cases of phthisis, if the margin is present, and disappears, under treatment, it is an evidence of amendment, and should be regarded as a favorable omen.

4th. When the margin at first appears on the incisors, and gradually extends around the molar teeth, when suitable treatment is employed, it may be regarded as an unfavorable indication; and if it changes from the bright vermillion to a dark red or purple, the case will terminate more rapidly.

5th. In cases where the margin is absent, whatever be the general symptoms, we may hope that the constitution is not so greatly injured by the morbid condition of the vital fluid, that we can restore the individual to comparative health, by the use of suitable remedies, and thus avert or retard the permanent existence of pulmonary tuberculosis.

The present State of Ophthalmoscopy.

By Max Kuechler, M. D.
Of Newark, N. J.

No. 1.

The eye may be illuminated, for the purposes of an ophthalmoscopic examination, in two ways. *First*, by means of the simple lens (ordinarily the double convex glass, No. 2) —the so-called *oblique illumination* (schraege Beleuchtung); *Secondly*, by the opthalmoscope, the various kinds of which all resemble each other in one particular, viz: that through a concave mirror the luminous rays of a lamp, placed behind the patient who is to be examined, are thrown into the eye in such a manner that the focus of these reflected rays is thrown upon the parts to be examined.

The examination by the *oblique* illumination cannot be carried further than to the posterior capsule of the lense. The manipulation is an exceedingly easy one. The light is placed at the side of the eye which is to be examined, and the double convex glass, No. 2 so inserted between the eye and light that its focus falls upon the part to be examined. At an examination of the superficial reflecting media, the luminous rays should be made to pass through near the centre of the glass; but the deeper the part to be examined is situated, the nearer to the upper margin of the glass should the rays be refracted, and the illumination of the posterior capsule of the lense can be accomplished by the oblique illumination, only if the luminous rays are thrown obliquely through the extreme margin of the glass through the pupil. With a little practice it is easy, even to the physician not familiar with opthalmoscopy to detect and to recognize pathological products in the layers of the refracting media, after he has acquainted himself with the morbid changes taking place in these parts, which will be alluded to hereafter.

More difficult, however, is it, and it demands much more practice, to use the opthal-

moscope with success. In this mode of exploration, a light being placed posteriorly and laterally to the head, its rays of light are made to fall upon the concave mirror, whence they are reflected into the eye. By means of a perforation in the centre of the mirror we look into the illuminated eye of the patient to be examined. The artificial dilatation of the pupil by means of *mydriatica* is a "*pons asinorum*," which the physician should be able to dispense with.

If the opthalmoscope is placed in front of the eye, and its focus properly adjusted, the parts of the eye are seen as they are in reality situated—giving us the so-called upright picture. But if, between the eye and the mirror, which is placed eight to fourteen inches from the eye, a lens is inserted at a distance of one or two inches from the eye which is to be examined, we see, according to well-known physical laws, the "inverted picture," so that what appears to be placed upwards or inwards, is really situated downwards or outwards, and vice versa. The latter method of using the opthalmoscope, viz. with a lens, furnishes a larger picture to the observer, and has besides the advantage of removing the patient further from the observer, a circumstance which may be desirable as a matter of delicacy in nervous ladies, while with a dirty negro it is certainly one of cleanliness.

The ophthalmoscopes most in use, are those of Prof. Jaeger of Vienna, and Prof. Desmarres of Paris. Both are metallic mirrors, and differ only in their form. There is also the opthalmoscope of Prof. Rau of Bern. I use the latter by preference (though I resorted to it later than to the former,) for these reasons: 1. The concave mirror is made of glass, lined with mercury, and has a stronger illuminating power than the rest, and its focus is at fourteen inches, a distance most suitable to a somewhat presbyopic eye. Then we must mention the ophthalmoscope of Dr. Liebreich in Berlin, (described in the *Medical and Surgical Reporter*, vol. iv. p. 323). Its only advantages, as compared with others, is that it enables the teacher of ophthalmoscopic science rapidly to bring before his pupils pathological illustrations, and the artist to draw them. For this latter purpose Liebreich has especially used it, and collected several volumes of beautifully executed invaluable illustrations of pathologico-opthalmological conditions. To the practical oculist, however, this ophthalmoscope is of no value.

The use of the ophthalmoscope is best learned by repeated examinations of the eyes of rabbits; first by studying thoroughly the upright, and then the inverted picture. Having thus acquired the facility of recognizing the individual parts of the eye in the rabbit, the student can proceed to the examination and study of the healthy human eye, and only after being *thoroughly* acquainted with the *normal* condition of the eye should he proceed to its pathological changes.

With these introductory remarks, we shall attempt to describe the morbid changes of the various structures of the human eye, as seen through the opthalmoscope.

To be continued.

Unilocular Ovarian Cyst—Injection of Iodine.

By A. N. Dougherty, M. D.,
Of Newark, N. J.

March 6th, 1859, Mrs. K , residing in Quarry street of this city, aged 47 years, mother of a numerous family, having had five or six children, called my attention to a swelling of the abdomen, which had first become perceptible to her over a year before. I found a tumor as big as the uterus at the sixth month of gestation, occupying the abdomen, springing from the right side, originating, according to the history of the case, from the pelvis, and reaching already above the umbilicus. Fluctuation was very obvious in it, both when tried in the usual manner, and also with one finger pressed upon its base in the vagina.

I had no difficulty in diagnosing it as a case of ovarian dropsy, and advised it to be let alone as long as it should be at all endurable.

February 1st of this year, her discomfort having become very great from enormous distension of the abdomen, I yielded to her urgency, and drew off, by tapping in the linea

semi-lunaris three gallons of a brownish liquid, having the consistence of molasses—the patient, during the operation, being in a recumbent posture. No bad symptoms supervened, but the liquid commenced rapidly to reaccumulate, so that, March the 29th, nearly two months later, I was obliged to repeat the operation. But this time, inasmuch as the previous tapping had demonstrated the cyst to be unilocular, I determined to try Boinet's method of iodine injections. Accordingly, after withdrawing with the trocar and canula (inserted, as before, through the linea semi-lunaris of the right side, exactly half way between the umbilicus and the anterior superior spinous process of the ilium) four gallons of an amber-colored fluid of about the same consistence as before, I introduced a flexible catheter through the canula down to the bottom of the sac, and injected six ounces of the tincture of iodine, prepared according to the formula of the U. S. Dispensatory. No pain whatever was experienced. The pulse immediately after was 100; in three hours the same; next morning 112; 31st, 98; April 1st, the same; 2d, 88. Tincture of iodine was detected in the urine next morning after the operation. The taste of the iodine was discovered by the patient within a few hours.

The next tapping, rendered necessary by the reproduction of the disease, was done May 18th, at 12 M. The pulse, just previous to the operation, was 96; the patient had complained much, for the last two or three days, of pain and soreness in the abdomen, which had given me the suspicion that some inflammatory action was taking place in the sac. Thirteen quarts of a thin whey-like fluid were withdrawn—the first that flowed being obviously purulent; and I then injected through a catheter 12 ounces of tincture of iodine. The pulse immediately afterwards was 100. No pain whatever was felt. Eight, P. M., was called in haste to see her, on account of the alarm of the family at her symptoms. Found her with incessant vomiting, which had begun an hour after the injection. Pulse 82; skin cool, dripping with perspiration; disinclination to respond when questioned. To my inquiry, if she was in pain, she shook her head. When asked to do so, she put out her tongue. Considered the symptoms due to alcoholic poisoning, and accordingly ordered a strong decoction of coffee, soda powders, &c. Also,

℞ Kreasote
Acid hydrocyan. dil. āā gtts xx
Syrup. simpl. ℥ ss
Aquæ fontan. ℥ ij
A teaspoonful every 2 hours. M.

19th, 10 A. M., pulse 104; skin natural; no pain; does not remember seeing me last night, nor any thing that occurred. First recovered consciousness at 8 o'clock this morning. Her breath is strongly impregnated with alcohol. An hour after the operation, felt a burning sensation in the throat, which she attributed to the iodine, having noticed the same after the other injection; complains now of dryness of the throat and a constant disposition to hawk. At my request, specimens of urine and saliva had been put away for me. The first urine she passed was 3½ hours after tapping, and the quantity was large; two other specimens were handed me, and I found iodine in all, as also in the saliva.

20th, 10 A. M., pulse 120; feverish; some pain in abdomen; had passed water several times, and had three evacuations (the last two liquid) since yesterday, A. M; tastes iodine strongly; tongue inclined to redness at tip and edges. On succussion, the rattle and swash of fluid and air in the sac are obvious. Ordered a fever mixture.

21st. Pulse 108; skin cool; severe diarrhœa.
Ordered opium.

22d. Pulse 96, better; iodine taste quite gone.

23d. Pulse same.

24th. Pulse 88.

25th. The urine and saliva have been subjected daily to examination, and have continued to exhibit evidences of iodine; but in some of the last specimens the iodine has been wanting. For two days the urine failed to be sent me; and when I at length procured some, the iodine had disappeared. It was present about a week.

The sac began at once to refill, (that process apparently not having been in the least interfered with by the injections,) and finally, on the 13th inst, another tapping was imperatively demanded, and consequently performed. This operation was preceded for several days by marked symptoms of peritonitis, such as constipation, frequency and smallness of pulse, tenderness and tympanitis; and I determined simply to withdraw the liquid, as it was probable the issue would be fatal, and I did not wish to burden Boinet's process with the untoward result. Only about a gallon of liquid flowed, of thin consistence, and accompanied with shreddy, flocculent masses that obstructed the canula. The size of the abdomen was but little diminished, the symptoms of inflammation persisted, and death closed the scene on the morning of the third day. An autopsy was refused.

Remarks: The patient lived less than six months after the first tapping. The interval between the tappings was about two months. The injections seemed to have no control over the disease. The consistency of the liquid was diminished after the first injection, and remained aqueous to the end. The most marked symptoms accompanying the injections were referable, not to the iodine, of which on the second occasion, the enormous quantity of 360 grains was administered, but to the alcohol which held it in solution.

The test for iodine in the urine was, of course starch, previously boiled, a little nitric acid being added to set the iodine free. The saliva was collected on starched paper, and on being subjected to the action of nitric acid, the characteristic purple color was produced.

Prof. Simpson, of Edinburgh, in a recent article on this subject, advises that the catheter should be filled with the tincture before introducing it into the sac, so as to avoid the injection of air. It will be observed that in my case this precaution was not adopted, and the presence of air was, as remarked above, distinctly ascertained. I am not aware, however, that it hastened the fatal issue.

The mode of tapping chosen, (i. e. through the linea semilunaris, and in the recumbent posture,) I observe meets with the approbation of Prof. Simpson, and would seem preferable to the ordinary mode through the linea alba and with the patient upright. The evacuation takes place simply by atmospheric pressure, without the necessity of a sheet tightened about the abdomen, and with, of course, less danger of fainting.

Illustrations of Hospital Practice.

PHILADEPHIA HOSPITAL.

Reported by J. Solis Cohen, M. D.

Pyamia—Death—Autopsy.—Jno. McC., æt. 33, was admitted, June 23d, into the medical ward of the Philadelphia Hospital, with pain and tenderness in the large joints, which were somewhat swollen.

He was treated for rheumatism, with Rochelle salt, ℥ss. and liq. morph. sulph. f℥ss. three times a day, a Dover's powder being given at night. When first seen by Dr. C. C. Lee, resident physician, (to whom we are indebted for extended notes of the case,) on July 2d, 1860, his attention was at once directed towards a movable tumor on the anterior face of the right thigh, and on examining further a like tumor was discovered on the outside of the same thigh lower down, a third tumor over the left deltoid, while there was a fourth on the calf of the left leg. In each of these tumors there was distinct fluctuation, and an exploring needle showed the existence of thin unhealthy pus. At this time the pulse of the patient was weak and rapid, 104 in the minute; respiration easy, 28 in the minute; face somewhat haggard and anxious. Both thighs were closely bandaged until the following day, when the abscess on the outside of the right thigh was opened, giving exit to four or five ounces of thin pus. A warm poultice was immediately applied, and the previous treatment changed. The Rochelle salts was discontinued, and quinine and iron substituted, with beef essence, and milk punch f℥j every two hours. By evening he felt much better, his pulse was reduced to 95, respiration 26, with no increase of heat of skin. The same treatment was continued.

July 4th, 1860.—Still improving in strength and spirits; pulse 98; respiration 24; skin cool, but rather too moist; bowels open; the same treatment continued, adding a bottle of porter daily.

5th.—Passed a good night, and looks well; pulse 110; respiration 28; skin perspiring. The abscess which had been opened having refilled, the opening was dilated with a probe, and f℥ij. more pus expressed, thin and bloody, like the former. The

treatment was continued, and warm poultices renewed to the other tumors on the legs, that on the deltoid being still untouched.

6th, P. M.—Pulse 108, and somewhat bounding; respiration 26, natural and easy; heat of skin somewhat greater than before. Patient says he feels stronger, and decidedly better, but his pulse increases rapidly when he rises.

9th.—On the 9th a swelling gradually appeared at the lower edge of the right scapula, extending down several ribs, forming a distinct local bulging.

To-day there is no very marked dulness over the point of swelling. The skin over it is hot, and a very little discolored; respiration perceptible over it, and slightly roughened; skin yellowish and sallow looking; sclerotic pearly. Another abscess was discovered at the left hip, which, as well as the others, was evacuated, and about a pint of sanious pus was obtained. The urine was alkaline, sp. gr. 1030, and contained phosphatic crystals; same stimulating treatment continued.

10th.—Appears quite easy; abscesses do not refil as before. Some fluctuation remains on the back of the left thigh, extending into the gluteal region. Pulse 120, and regular; respiration 24, and not at all labored; over and below the right scapula, percussion is dull; respiration rough, and slightly wavy, the rest of the chest being normal; the epigastrium is puffy and swollen, and the patient passes a large amount of flatus. The same treatment continued.

11th.—Skin cool and moist, with less perspiration than before; pulse 96; slightly fuller than yesterday, but easy; respiration 24, and easy. Patient had one passage this morning, rather thin and copious, but none during the night. There is some crepitation over the region of the right scapula, but hardly any dulness; below that point percussion is somewhat dull, and respiration nearly absent. Same treatment continued.

12th.—Skin still cool; pulse and breathing unchanged. The patient sleeps well at night, and takes his stimulants regularly. The gluteal abscess was opened, and discharged nearly a pint of sanious pus, similar in character to that previously obtained. No change made in the treatment, except increasing the amount of milk punch to f ℥x. daily.

14th.—Has improved very considerably during the last few days, both in strength and spirits; sleeps and eats well. This morning the gluteal abscess was re-opened on belief that fluctuation could still be felt, but no pus escaped. The wound bled considerably from several minute branches of the gluteal, which were accidentally divided. During this and the following day the patient continued to do well, changing very little in any respect.

16th.—No external redness, and the ribs easily felt through the sub-scapular swelling; dulness below the spot where the ribs are raised, but none over it; no change in respiration, which is still rough; has a trifling cough, but no expectoration.

17th.—A large quantity of puriform matter continues to discharge from the left groin and right thigh; the sub-scapular swelling is unchanged in appearance; pulse 108, and more feeble than usual; respiration 26, and easy.

21st.—The discharge from the gluteal abscess has stopped, but the abscess on the *deltoid* reappearing, it was again opened near the former puncture, and about four fluid ounces of sanious pus discharged from it. A similar abscess on the left thigh was also opened, but yielded no pus, only a little pure blood. Both abscesses were poulticed.

22d.—This morning his pulse rose to 140, and became very feeble; respiration 34, and easy. Has been delirious for two or three hours this afternoon, muttering and picking at the bed clothes. The gluteal abscess was again opened, and more than two pints of pus escaped from it. The stimulation was increased by brandy f ℥iv. and ammonia carb., after which he passed a good night.

23d.—Better; continues to take the ammonia. The brandy and milk punch were renewed, and the porter discontinued, as it disordered his bowels. He was ordered at once an injection containing 10 grs. tannic acid and forty drops of laudanum, and he was allowed port wine before each meal.

The patient has certainly lost flesh and strength during the past week, in spite of the increased stimulation. The respiration is now wavy behind, and deficient in front; no bubbling or gurgling perceptible; sputa normal.

25th.—Much weaker in the evening than he has been before. Pulse 120, and feeble; respiration very feeble, and hurried.

26th.—The patient died at 5 o'clock on the morning of the 26th.

A post-mortem examination was held on the body of the above patient eleven hours after death. The body was very much emaciated, and on exposing the muscles, they appeared loose and flabby, the cellular tissue being filled with serous exudation.

The *Brain* was not examined.

Chest.—There was an effusion of four ounces of serum in the *pericardium*. The *heart* was quite small and soft, with some fatty degeneration of its ventricular walls, and a considerable fatty deposit throughout its structure. The right auricle contained a black clot. The *lungs* were very pale; anteriorly they appeared normal. On the posterior aspect of the upper lobe of the right lung was found an old cicatrix. There was some œdema and hypostatic congestion. The *liver* was fatty, and was a perfect representation of the nutmeg liver.

Both *kidneys* were small.

The alimentary canal showed no peculiarities or abnormities.

There was an abscess involving the left hip joint, extending downwards to the external condyle of the femur, involving all the femoral muscles on the external part of the thigh, and passing into the gluteal region. When opened it discharged about 10 fluid ounces of pus.

Remarks.—This man had been in the United States service at Fort Leavenworth for four years, his duties being such as attending to horses, &c., which, with other circumstances, led to the suspicion that the affection might have originated from *farcy*. There was a disagreeable fetor about the patient, which called for the continued use of antiseptics. The post-mortem examination, however, did not reveal any of those peculiar conditions of the respiratory organs which generally appear in farcy, nor during the time the patient was in the ward of the hospital were there any characteristic discharges from the nose.

For two or three days before dissolution, it was evident that the life of the patient could not be saved, as he continued to sink notwithstanding the stimulation he received.

As there was no abscess discovered in any of the internal organs, as had been anticipated by the attending physicians, the presumption is that the man died from sheer exhaustion and prostration.

The treatment pursued in the above case was purely a supporting one, as is laid down by most writers on pyæmia, and more particularly by the late Dr. Todd, in his admirable lectures on acute diseases, where he also advises the opening of the abscesses, although the practice of many physicians is to the contrary. If the abscesses in these cases are not evacuated, and the pus is allowed to remain, the question arises, what becomes of it? It certainly is retained in the system, and it is by no means clear to the mind of every practitioner that a patient is more likely to recover with his system saturated with pus than when it is discharged by timely incisions.

Service of Dr. Levis.

[Reported by C. C. Sherard, M.D.]

The Actual Cautery in Painful Chronic Articular Diseases—Case 1st.—Edward O'Donnell, aged 34, exhibited the general appearance of scrofulous cachexia. When sixteen years old he was injured by a horse falling on him, after which his spine became painful, and a small prominence soon appeared, which has since increased to a great posterior curvature of the middle dorsal vertebræ. There has been lately no increase in the curvature, which has become a permanency, and is not painful.

Two years ago the right knee became swollen and painful, and has since continued so. For the last three months this has increased, so that the knee is now very large, and his sufferings, particularly at night, very great. The synovial lining of the joint is evidently disorganized, and fibrous, if not cartilaginous union of the articular ends of the femur and tibia, has resulted from old plastic deposit. The surrounding bursal sacs are also diseased, which increases the swelling and stiffness of the joint. The joint is therefore anchylosed from intra and extra-articular disease, as is frequently the case in scrofulous affections of joints, and it is permanently bent at a right angle.

The diseased condition is now in a very inactive state, but the patient is anxious for relief of his sufferings, for which a variety of treatment has been unavailing. Dr. Levis proposed the powerful revellent effect of the actual cautery.

After thorough anæsthesia was induced, a cautery iron, having at the end a flat disk about an inch in diameter, was applied about the articulation. Six deep esshars were thus produced. After the patient awoke, one grain of the sulphate of morphia was administered, and fomentations were applied to the joint.

Relief from the usual nocturnal pains was at once obtained, and he now, eleven days after the cauterizing, has been able to sleep at night. At present he suffers none except from the irritation of the burned surfaces.

Case 2d.—Mary McAnally, aged 38, has had an enlarged knee for eighteen years, but the joint has been immovable only for the last two years. Rheumatic arthritis seems to be the original affection. In appearance the joint is not much abnormal, but the pain in it makes her sleepless at night without narcotics, and she is anxious for relief.

While under the influence of ether two eschars were produced by the actual cautery on each side of her knee. Since then, eleven days, she has not suffered her usual pain, and seems free from the consequent nervous irritation.

These cases illustrate the application of a practice which in this hospital has been very efficient in relieving suffering from chronic articular disease. The violent impression at once produced, and the protracted suppuration which follows the application of the actual cautery, accomplish a revulsion which often permanently relieves the sufferer, after all other measures have been exhausted.

———o———

The Electro-Magnetic Chromatrope of Mr. Knight, of Foster lane, Cheapside, exhibited recently at the Royal Institution, is a modification of Mr. Gorham's color-top, the rotation of the colored discs being maintained by a small electro-magnetic apparatus.

EDITORIAL DEPARTMENT.

Periscope.

Amputation at the Hip-Joint was recently performed on a child aged fifteen months. The left thigh had been crushed by a brewer's dray, and there had been profuse hemorrhage. A ligature was placed, prior to the amputation, on the femoral artery. No reaction took place, and the child died in a few hours. It is believed that this was the youngest subject on which the operation has been performed.

Operation for Strangulated Hernia in an Infant.—Strangulation had continued for two days in an infant ten months old. The hernia was congenital, and the child had worn a truss. Efforts at reduction having failed, Mr. Luke, of the London Hospital cut down on the external abdominal ring and notched it, after which the reduction was easy. The sac was not opened, and very slight dissection was required. Recovery was rapid.

Fermentation of Milk in the Mammæ.—At the last meeting of the British Association for the advancement of science, in the section of physiology, Dr. Gibbs, as appears from the proceedings published in the Lancet, read a paper on the saccharine fermentation within the female breast, and its influence on the child. He showed that from various causes of a constitutional nature, in which the nervous system played an important part, the saccharine element of the milk underwent fermentation at the moment of its secretion, and gave rise to the generation of two species of animalcules, namely, vibriones and monads. The milk containing these was usually rich in sugar, but, owing to the fact of its having undergone fermentation within the gland itself, its healthy character was destroyed, and it was not therefore capable of assimilation within the stomach of the infant, as evideneed by the most extreme degree of emaciation—in fact, the child was undergoing starvation. The animalcules were developed within the breasts. The author had proved the correctness of his views in a series of experiments and researches into this question since 1854. In the discussion which ensued, much credit was given to the author for his labors in this novel field of inquiry; and numerous questions were put to him in relation to the condition of the blood and other fluids, in such conditions as he had described.

Sun Stroke.—On this subject Dr. L. Ch. Boisliniere, Coroner of St. Louis county, Mo., publishes in the St. Louis Medical and Surgical Journal, for July, a report of seventy-two cases observed by him.

The necropsies in these cases revealed the following conditions:

External appearances: marked lividity of the skin; neck and anterior part of chest became soon of a purple or blue color; in a few hours the abdomen was quite tympanitic, an abundant froth came out of the mouth and nostrils, resembling thick lather, mixed sometimes with a little blood. By pressing upon the chest, blood could be made to flow freely from the mouth and nostrils.

The *lungs* and *heart* were in *every case* seen to be more or less congested; the right side of the heart and the pulmonary artery generally contained black and liquid blood; left side empty; on section, the lungs were found to contain an abundant quantity of frothy mucus, mixed with more or less arterialized blood. By moderate pressure on the chest, as above observed, this bloody froth could be made to run out freely from the mouth and nostrils. So characteristic was this appearance, that from its presence alone many *post mortem* examinations towards the end of the summer were dispensed with, the jury, before the writer, after a short explanation, being able to make a satisfactory verdict of death by sun-stroke.

The *brain* was generally found normal; in a few cases only there was moderate congestion of the superior cerebral veins and of the sinuses. This the author accounts for by the difficulty the blood found in returning from the head to the thoracic organs, already full of venous blood. Occasionally the ventricles of the brain contained a little more serum than usual. This Dr. B. attributes to the obstacle about the heart and lungs, damming up the blood in the veins of the brain and its sinuses, and causing some of the serum to ooze out. This effusion of serum was often quite remarkable on the surface of the brain under the membranes, where it frequently assumed an opalescent appearance.

Liver and *spleen* were, as a rule, enlarged; the spleen particularly softened.

The author remarks that these appearances coincide with what has been observed by seve-

ral distinguished writers, among whom Andral, Russell, Gerhard, and Levick.

Cause.—The cause of sun-stroke, according to our author, sustained by the best authorities, without doubt, is a hot and rarified atmosphere—the want of oxygen; for the disease occurs very frequently in houses where, from some cause, the air has become rarified. Several of the deaths reported above by the writer having taken place in low attic rooms, in kitchens or laundries, and in sugar refineries, as observed by Dr. H. H. Swift, (N. Y. Journal of Medicine, vol. xiii, p. 45, 1854.) From these and other observations Dr. B. concludes that rarified, or poorly oxygenated air, is the *"conditio sine qua non"* of sun-stroke.

Fatal Case of Apoplexy in a Young Girl.—Before the Boston Society for Medical Improvement, as per report of Dr. Minot, in the Boston Medical and Surgical Journal, Dr. Jackson showed specimens obtained from a patient seventeen years of age, who menstruated regularly.

On the first of June, the day on which the flow was expected, she was suddenly seized with apoplectic symptoms, and died in four hours. On post mortem examination a clot of blood, about half an inch in diameter, was found in the back part of the right hemisphere of the brain.

The gross appearance of the decidua was as well marked as it would ever be seen in a case of tubal pregnancy; confined, of course, to the fundus and body of the organ, which last was not otherwise remarkable. In one of the ovaries quite a large corpus luteum was seen; the cavity filled with dark coagulated blood, and the yellowish parietes much stained by the same. The peritoneal surface over this body, and almost to its whole extent, had superficially a red and abraded look, but no appearance of rupture of the surface.

Ophthalmic Medicine.—The following are, so writes a correspondent of the London Lancet, a few of the practical rules laid down by M. Desmarres in his clinical lectures:

1. When you see in an obstinate case of conjunctivitis, an elongated clot or streak of mucus adhering to the surface of the eye or lid, be sure that the irritation is due to one eyelash growing out of its natural direction.

2. In a case of monocular palpebral conjunctivitis, the disturbance of the circulation is very often due to an obstruction of some portion of the lachrymal apparatus. Always assure yourself in these affections of the permiability of the duct, by means of an injection with Anel's syringe.

3. Never apply nitrate of silver to a recently prolapsed iris; it often causes the most violent inflammation.

4. After applying nitrate of silver to an eye, whether in solid or liquid form, neutralize the excess by means of a solution of common salt, which forms an unsolable chloride.

5. Never operate for cataract without first seeing if the phosphenes exist, or if there be sugar in the urine. In the first case the operation is useless; in the last, most dangerous, for the corneal flap is nearly sure to slough.

6. If a patient with dim sight complains of on iridescent halo round the candle, you may prognosticate a glaucoma.

Muriate of Ammonia in Nervous Cephalalgia.—Professor Barallier, of Toulon, reports that within the last three years he had administered the substance in 259 cases of nervous cephalagia, and with success in 202 of these. He gives forty-five grains combined with mint-water and syrup of orange-peel, divided into three doses, to be taken at intervals of half an hour, amendment commencing after the first dose, and the third frequently not requiring to be taken. To prove effectual, however, the remedy should not be given at the very commencement of a paroxysm, but when it has acquired great intensity. This agent not only gives relief to the urgent pain of the paroxysms, but, after having been had recourse to on several occasions, diminishes the number and frequency of these. To be of use, it must not be indiscriminately used for every cephalalgia; and the result of the analysis of M. Barallier's experience leads to the following conclusions: 1. The muriate almost constantly dissipates paroxysms of idiopathic migraine, and of migraine consecutive to too abundant menstruation. 2. It is powerless in the hemicrania which is dependent upon irregularity or suppression of the menses. 3. It is toleraby successful in cranial pains dependent upon disorder of the stomach, and in the accidental cephalalgia frequent in women and feeble persons under the influence of sudden changes of the atmosphere, prolonged intellectual labor, or moral emotion. 4. It operates beneficially in cephalalgias consecutive to repeated paroxysms of intermittent fever; those which are observed during the decline of severe fever, and in the course of the irritative period of typhus.—*Bull. de Thérap and Dublin Med. Press.*

Exophthalmus of Rapid Development, in consequence of Intra-Orbital Abscess with Caries.—The following cases are taken from Graefé's Archiv: — *Case* 1. A little girl, four years old, in falling, bruised herself on the corner of a chair, and was brought to me the next day, with ecchymosis of the upper lid, which disappeared in about two weeks, when treatment was suspended. A month after the accident the little patient made her appearance again in my clinique with an erysipelatous swelling of the same lid, which yielded readily to cooling applications. A week later, a similar swelling appeared, together with an abnormal prominence of the eye, which was discovered to be immovable towards the outer canthus. Cooling applications again reduced the swelling of the lid, but the exophthalmus and immovability increased. The appearance of the eyeball was perfectly healthy, and pressure on the circumference of the orbit nowhere caused pain, while, on the contrary, the little patient complained seriously when the socket was examined by pressing between the frontal bone and the globe. As the bulbus was crowded inward and downward, and the circulation began to be greatly increased, I suspected, although there was no fluctuation, that there was an abscess behind the bulbus. This I opened, by passing a small bistoury under the upper and outer edge of the orbit, keeping close to the orbital roof. When the instrument had penetrated about three-quarters of an inch, a quantity of tolerably thin yellow pus escaped from the wound, and the probe gave unmistakable evidence of caries of the orbital roof near the back-ground of the socket, but nowhere could a hiatus, or anything indicating a fracture, be felt. The following day the child was much better; it had no fever, had slept well during the night, the eyeball was much less prominent and was movable towards the outer canthus. Ordinary surgical treatment and the use of cod-liver oil now seemed to have the desired effect; the general health of the patient improved, and at the expiration of four months only slight exophthalmus was perceivable, while the motions of the ball and upper lid were perfectly normal.

Nine months after the child was first brought to me, it had the measles, in consequence of which the upper lid inflamed again, the prominence of the eyeball increased, and the old wound broke out anew, discharging a large quantity of carious pus. Some weeks later, I found, in the wound, a white, peculiarly coherent mass, which, from its appearance, I suspected to be from the interior of the cranium, a fact which the microscope verified. From this time on, more or less of the substance of the brain was found in the wound, and in less than a year from the time I first saw the child it died, after lying for three days in spasms and a soporous state.

In the autopsy I was particularly anxious to ascertain the cause of the continued exophthalmus after the first convalescense, and found in the posterior portion of the socket, a large osteophytic deposit. A considerable part of the orbital roof had disappeared, exposing the anterior lobes of the brain, in which extended suppuration had taken place.

In a diagnostic point of view, this case merits, I think, some attention. The most frequent cause of a sudden prominence of the eyeball, accompanied by immobility in any direction, are intra-orbital abscesses in consequence of periorbitis, which quickly result in caries of the delicate orbital bones; and the surgeon should not, in my opinion, hesitate to act in accordance with the fact, although there may be no outward inflammatory symptoms of suppuration. In such cases I would advise a probatory puncture, in the manner above described. The locality of the absesss may be determined by the position of the eyeball, and by the side in which the immobility exists. It is evident that in cases of this kind, where there is an intra-orbital abscess, it should be opened as soon as possible, while, should the surgeon be mistaken in his diagnosis, a probatory incision would not be attended by any serious disadvantages.

Case II.—A child, five months old, had had for a few days an inflammatory swelling on the left eyeball. I found the bulbus crowded forward about 3‴, the upper lid was not swollen; there was slight chemosis of the conjunctiva, but no secretion. The motions of the bulbus were normal. Finding antiphlogistics of no avail—that the exophthalmus increased, and that the general health of the little patient grew worse, I felt confident that there was an intra-orbital abscess in consequence of periorbitis, and did not hesitate to make an incision as above described, although there was no perceivable fluctuation. About a teaspoonful of thin pus was discharged from the wound, and the bone presented a rough surface to the probe. I ordered warm fomentations, and kept the wound open. The exophthalmus soon disappeared, and in three weeks the child was well.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, AUGUST 4, 1860.

NON-MILITARY PHYSICAL TRAINING.

A company of well-drilled, well-trained soldiers, hailing from Chicago, have just now half finished their triumphal march through the United States, and thousands of our citizens have admired their marching, counter-marching, loading, firing, defiling, and other military tactics in a small way. One of our medical cotemporaries has even ventured as far as a pun and the "*Zouav-iter in modo, fortiter in re*" is certainly not bad for a first attempt. Everybody is in ecstacies.

There is a lesson attached to all this. Muscular development, bodily exercise, fresh air, with their concomitants, a good appetite, and strength and energy to work, are identical with good health. It is more in their capacity as living examples of hygienic principles and sanitary reform that we refer to the Zouaves to-day, than in their expertness to run a bayonet through an enemy, or fall upon him from behind an ambush; more in regard to the power of withstanding the deleterious influence of fatigue, deprivation, and the bad effects of climate, which good physical training creates, than the astonishing feats of creeping, like a snake, on one's belly and loading and firing at an enemy while lying on the back.

The most ridiculous thing, however, which we have heard in connection with the Zouaves, are the performances which they were induced to give on the stages of the Academies of Music in this city and in New York. Six thousand people allow themselves to be seated for three hours in a crowded theatre, the atmosphere of which is contaminated by the carbonic acid of five hundred gas lights, deprived of oxygen, and each one breathing over and over again his own pulmonary and cutaneous effluvia and those of five thousand, nine hundred and ninety-nine others. And all this to witness how a proper obedience to sanitary, hygienic and dietetic laws contributes to the well-being of man! All walking home dizzy and with a headache, their sleep disturbed by glittering bayonets and wild huzzahs—what a glorious thing it is to see forty men repel whole armies of imaginary foes, impale them upon their bayonets, single them out in fire by file, and slay them *en masse* in a company's discharge.

It is astonishing how much talking and writing there is on the laws of hygiene and the necessity of physical training, and how little is done practically to remedy the evils under which our people suffer. It is but a few years ago that the Academy of Medicine in New York was assembled in large numbers to listen to the reading of an elaborate paper on a new mode of ventilation, we believe, or a similar subject of domestic hygiene. While the paper was read there was actually not an orifice, except the key-hole, through which the air of a densely packed room could be renewed. The air became so mephitic, that finally some member made an attempt to ventilate by raising a window. Alas! windows in our public buildings are not made to be opened; only at the risk of a *pane*ful fracture could something like fresh air be obtained. A member accordingly took up the cudgel in favor of fresh air by a violent thrust of his cane at the sash, and made an aperture sufficient to prevent the Academy, in full session assembled, from meeting with the fate of the poor victims of the black hole at Calcutta.

But let us speak seriously. Man was not made to be a Zouave, nor a dragoon. But we were all made to breathe fresh air, and walk on our feet. The Zouave tactics, even including their celebrated *skirmish drill*, will never be so universally adopted as to regenerate the physical condition of our race. It will never come to pass, that every one will be able to dance like Fanny Elsler, run and leap like a Zouave, swim like Lord Byron, or ride like a Cossack. Besides, let it be remembered that virtually one-half of our race are, by their sex, excluded from enjoying these privileges of physical activity. If we wish to put a barrier against the bad tendencies of our present social life, we must begin at the bottom of the evil. The first thing is to teach our people to stay at home, or to take a quiet walk in the open air, instead of crowding by thousands

into miserably ventilated rooms and breathing a foul atmosphere.

Let any one, who is interested in the subject of physical training, and the education of our children, visit the schools of our cities, and he will see there a wide field for improvement. It is there where reform must begin, where physical training must be commenced. Especially is this true of the female schools. Pupils are confined in closely packed, illy-ventilated school rooms, on stools without support to the back, for four and five hours continuously, from seven to eight hours a day. But this is not enough. We lately saw one of the cards of regulations for our public schools, on which was said in substance that parents and guardians are urgently requested to see that the pupil studies at home at least *three* hours a day. Here are ten hours a day,—for children from ten to fifteen years of age,—of hard study, just at the period of life when their muscles and bones expand most, when exercise is most needed, when, if ever, the foundation for a healthy physical development will be laid, or the germ of disease will be sown.

Ask any literary man, accustomed to brain work, how many months he can keep up studying ten hours a day without breaking down, and he will tell you that from five to six hours of hard mental work is as much as the system will bear without reacting injuriously upon the general health. This is in an adult. Yet we burden children with ten to twelve hours of study, giving them no chance whatever of physical training, and then we go and gaze at a company of Zouaves, applaud their maneuvering, and forthwith form Zouave battalions. Meanwhile our school rooms remain as crowded as ever, our children are crippled physically and mentally by a miserable system of educational overdosing. Need we wonder why thin calfs, narrow chests, sallow cheeks, a poor appetite and a bad digestion are so common in the youth of our country?

We must begin at the nursery and the school-room. It is there, where the germ of disease, of deformity, of physical decrepitude and mental weakness is laid, which no Zouave-practice is able to remove. It is there where feeble limbs, crooked backs and crooked minds are reared that lie a dead-weight upon the strength of the nation. The strength of a people is not in its militia. It is in the millions of healthy *children* whose education is conducted according to the laws of a sound hygiene. Rome had her legions; and yet she fell when over-wrought luxury, effeminacy and the corruption which always follow inevitably in their wake, had polluted the nation. No Zouaves could have saved her. So was it with Greece.

We say that what is most needed in our nation, to make us a strong and healthy one, both physically and mentally, is reform in our system of education and in our schools. It will be a better protection, than if we build a chain of forts from Maine to Florida; better than if we had an army of a million Zouaves, and a fleet of armed Great Easterns.

"Were half the power that fills the world with terror,
Were half the wealth bestowed on camps and courts,
Given to redeem the human mind from error,
There were no need of arsenals nor forts."

"The warrior's name would be a name abhorred!
And every nation, that should lift again
Its hand against its brother, on its forehead
Would wear for evermore the curse of Cain!"

AMERICAN MEDICAL ASSOCIATION.

The New Orleans *Medical News and Hospital Gazette* puts an unfavorable prognosticon to the American Medical Association. Speaking of the fact, that none of the essays handed in at the last meeting was deemed worthy of a prize, it says:

"This is rather a severe commentary. It shows conclusively, to our mind, a want of interest in the Association on the part of some of the best men in the profession."

Not at all. There were over six hundred physicians assembled in New Haven, comprising the best men of the profession, and it was never more apparent that the Association is a complete success, than at this meeting.

The same journal ridicules severely the resolutions passed by the Association in reference to reforms in medical education. Has the *News and Gazette* to suggest anything better?

Correspondence.

New York, July 31st, 1860.

Editors of the Medical and Surgical Reporter:

GENTLEMEN:—Allow me to make a few remarks on the address of Dr. Oliver Wendell Holmes, recently delivered before the Massachusetts State Medical Society.

After having read the address carefully, I think none can help but come to the conclusion that Dr. Holmes has really said a great deal more than he intended to say. The address looks to me as if the metaphors of the poet-physician had run away with him, and he is evidently half conscious of this, if we can judge from the manner in which he compromises his condemnation of medicines by allowing us to retain the most powerful of all.

I wish, however, to call the attention to a few sentences in the address, which are as curious as they are parodoxical. Dr. Holmes says p. 34:

"Many affections which art has to strive against might be easily shown to be *vital to the well being of society.** Hydrocephalus tabes mesenterica and other similar maladies, are natural agencies, which cut off the children of the races that are sinking below the decent minimum which nature has established as the condition of viability, before they reach the age of reproduction. They are really not so much diseases, as manifestations of congenital incapacity for life; *the race would be ruined if art could ever learn always to preserve the individuals subject to them.* We must do the best we can for them, but we ought also to know what these 'diseases' mean."

Dr. Holmes has evidently been reading Darwin's book, and is deeply imbued with his theory of the "struggle for existence." From Dr. H's interpretation of Darvin, the next logical step is the adop tion of Malthus' theory, that was practically carried out by the Spartans, and other ancient nations, of exposing or killing all weak or feeble-born children.

It has been left to Dr. Holmes to teach us that we have contributed to the deterioration of the human race, when we have by proper and timely means of art saved children from dying of tabes mesenterica, and that thereby we have committed a sin against nature.

To show, however, how Dr. Holmes *facts* coincide with this proposition, I will quote the following paragraph which stands immediately before the one quoted:

"Something more than one hundred and thirty years ago, there was graduated at Harvard College a delicate youth, who lived an invalid life and died at the age of about fifty. His two children were both of immoderate, physical power, and one of them diminutive in stature. The next generation rose in physical development, and reached eighty years of age, and more in some members. The fourth generation was of fair average endowment. The fifth generation, great-great-grand-children of the slender invalid, are several of extraordinary bodily and mental power, large in statue, formidable alike with their brains and arms, organized on a more extensive scale than either of their parents."

Now, what does this show? Simply this, that no man can tell whether there is an inherent capacity for life or not, and as a man is presumed to be innocent before he is proven guilty, it is the duty of the physician always to look upon disease, as disease, and *never* as "*vital to the well-being of society.*" When death steps in it is time enough; he alone is the *true* and *unerring* judge, and it would be a fatal mistake to let nature kill, when she herself has given us the means of preserving and prolonging life. In the instance above related, some Dr. Holmes a hundred and thirty years ago would, undoubtedly have pronounced the "delicate invalid youth" as dangerous to the race; nature knew better.

"The race would be ruined if art could ever learn always to preserve the individuals subject to them," says Dr. Holmes. Would it? How does Dr. Holmes know this? Would the race be ruined if every individual were to die a natural death of old age?

I have written these lines during the few leisure moments of professional engagements, which must be the apology for their abruptness.

SENEX.

* Italics my own.

Items and Miscellany.

The Berkshire Medical Institution.—We have received the thirty-eighth announcement of this institution, located at Pittsfield, Mass. The course of lectures commenced on Thursday, the 2d instant, and will continue sixteen weeks. The ability of the faculty of this school, and the beauty of its location, combine to render it very popular, as evinced by the large number of students who annually resort thither.

The following gentlemen comprise the Faculty:—

Henry H. Childs, M. D., Emeritus Prof. of Theory and Practice of Medicine, Prof. of Obstretics and Diseases of Women and Children.

E. K. Sanborn, M. D., Surgery.
Timothy Childs, M. D., Anatomy.
Henry M. Seely, M. D., Chemistry and Toxicology.
R. Cresson Stiles, M. D., Physiology and Pathology.
William P. Seymour, M. D, Materia Medica.
W. H. Thayer, M. D., Theory and Practice of Medicine.
James D. Colt, Esq., Medical Jurisprudence.
Frank N. H. Young, M. D., Prosecutor of Surgery.
A. A. C. Williams, Demonstator of Anatomy.

Appointments at Philadelphia Hospital.—The following appointments were made at the meeting of the Board of Guardians on the 30th instant.

Physicians.—Drs. J. Da Costa, J. L. Ludlow, C. P. Tutt and O. A. Judson.

Surgeons.—Drs. S. D. Gross, D. H. Agnew, R. J. Levis and R. S. Kenderdine.

Accoucheurs.—Drs. R. A. F. Penrose, L. D. Harlow, W. D. Stroud and George J. Zeigler.

The Education of Idiots.—Dr. Tuke says: "Herr Sægert, of Berlin, is the most sanguine instructor of idiots we have met with, in regard to the recovery of mental power in even the low forms of idiocy. He assured us when we visited his school, that he had had indubitable cases of idiocy, in which the head was small and malformed, yet in which the results of education were so triumphant, that they were ultimately able to mix with the world, without being recognized as idiots. In one instance, a young man underwent confirmation without the priest suspecting that he had been delivered from idiocy. Herr Sægert has representations of the heads of idiots when entering, as well as when leaving his school, and the increase of cerebral development is most striking.

Relics of a Lost People.—Some curious archæological remains were lately discovered in ancient mounds near Newark, Ohio. Mr. *David Wyrick* makes the following statement in the *Cincinnati Commercial*, dated July 27th:

"To-day we were examining the contents of a large stone tumulus about eight miles south of Newark. It was built of stone—forty feet high, on a base of nearly two hundred feet diameter. After the stone had been removed to within six or eight feet of its base, three earthen tumuli were discovered within the perimeter of its base, with every indication of three or more on the opposite side. *There was a well in the centre of the circle, ten feet deep to the water.*

"The first mound was opened, and in it was found enclosed *a rude oak coffin.* It was evidently hewed out of a solid log about eight feet long, with an instrument similar to our old fashioned grubbing hoes, or a carpenter's adze in not very good order. Within it was a human skeleton. *Ten copper rings,* of about three inches diameter, occupied a position as if they had been deposited upon the breast of the corpse, with other articles. It was enveloped in a species of woven fabric, so fragile that when exposed to the atmosphere it crumbled into dust at the touch.

"The coffin had been laid on longitudinal beams of timber, over which were laid crossties six or eight inches apart. The whole deposite was then buried with earth six or eight feet deep, and covered with a monster heap of stones. Doubtless the other mounds contain similar treasures.

"Under this heap of stones were likewise found two copper kettles of different capacities—one of about five, the other of ten or twelve gallons. The largest was *filled with flint arrow heads or spears,* (differing from the well known Indian flint arrow heads.)

"Upon finding the coffin, and partially examining its contents, it was left in charge of the owner of the premises, when the discoverer returned to Newark, with four of the copper rings and a fragment of the coffin, with the intention of returning the succeeding day, (yesterday) with a sufficient number of witnesses of character, to remove the relics as perfectly as possible.

"I will not presume to attempt to show the antiquity of these relics. Some may suggest that this skeleton was that of an Indian. The difference in the customs, character, &c., of the Indians and mound builders is apparent to any."

Extreme heat has been experienced in several of our western cities. At St. Louis, Mo., during the week ending July 23d, the thermometer ranged from 100° to 106° in the shade. On Saturday, the 21st, it rose to 107°, about 20 degrees hotter than it was at the same time in this city, where it was quite too hot for comfort.—*Cent'y.*

Army and Navy.—The leave of absence heretofore granted to Assistant Surgeon S. W. Crawford, has been extended until the 30th of September next.

Surgeon R. H. Coolidge has been ordered to repair to Philadelphia, upon business connected with the Medical Department.

Assistant Surgeon C. H. Smith has been detailed to act as Recorder of the Medical Board ordered to assemble at Baltimore on the 20th of September, for the examination of Assistant Surgeons for promotion, and of such candidates for appointment to the Medical Staff of the Army, as may be invited to present themselves to the Board.

Extensive Operation for Cancer.—The entire left side of the face, including the superior and inferior maxillæ, was lately removed by Maisoneve, at La Pitié Hospital of Paris. The case has since continued in a favorable condition.

Drinking Urine.—Some cases have been recently reported of the popular use of urine internally, as a remedy, with supposed benefit. Two cases of its use in diabetes, with advantage, are recorded. The following communication appears in the *Lancet*:

"I have been attending a man affected with spasmodic stricture of the urethra, and was lately sent for to see him in a hurry, as he was not able to pass his urine. He said, 'I am glad to see you, sir; but I have passed my water, and drank it off.'' I confess that I was much surprised, and asked him what he meant. His reply was, 'I often drink it when I am thirsty.' As he had passed urine without my assistance, I left him for about half an hour, and when I returned I was accompanied by a young friend. The man turned to us and said, "Here's your very good health, gentlemen,' and to our astonishment he drank off about half a pint or more urine, which he said he 'liked much better, when fresh and warm, and could drink quarts of it.' He stated to us, that when a child, his mother was in the habit of giving him the urine which he passed at night to drink in the morning, with sugar added to it, as a remedy for some eruption of the skin."

A Problem in Medicine.—Given the following prescriptions, to determine what was the diagnosis of the physician, and what morbid appearances should have been detected after death.

"Blenheim Street Free Dispensary and Infirmary, 1 Blenheim Street, Oxford Street, Dr. Hastings, Physician.

A. Elphinstone, admitted Oct. 8th, 1842.

*** You are to attend every Tuesday, Thursday and Saturday, at 12 o'clock, and bring a large and small bottle, and a cup or gallipot. Patients are requested to keep this prescription paper clean, and when no longer required, to return it to the dispenser." (A very discreet request.)

"℞ *Ant. pot. tart.* gr. ij; *aq.* ℥iss. cap coch. min. j. ter in die, app. emp. califacient ad sterno.

Oct. 11. Rep. gutt. Add *tr. digit* ℥ss.—℞ *pil. aper.* ij. o. n.

Oct. 15. Rep. gutt. ℥j.

Oct. 18. ℞ *Acid suph. dilut.* gutt. xx; *infus. gent. comp.* Oss. cap. coch. larg ij. bis terve in die.

Oct. 20. Rep. mistur; rep. pil.

Oct. 25. Cont.

Oct. 27. *Pil. pectoralis*, xii; j! nocte maneque.

Oct. 29. *Pot. iodid.* ℥ss; *aq.* ℥j., cap. coch. min. j. ter in die.

Nov. 8. ℞ *Pot. iodid.* ℥j; *tinct. dig.* ℥j; *aq.* ℥j., capt. coch. min. j, ter in die.—*pulv. cathart.* gr. xv., stat. sd."

*** Post dies septem, fiat solutio.—*London Lancet*, 1842.

A Hindu Empiric.—A distinguished clergyman recently related to us the following. Sojourning for a time in an inland town on the Ganges, he observed that a man daily passed his verandah, followed by a number of retainers—a mark of distinction. On inquiry, he learned that he was a doctor. Being himself quite intelligent on medical subjects, our informant had the curiosity to inquire into the medical faith of the Hindu doctor, and soon discovered that he was a man of a good deal of pretension.

"Why," said he, "I am astonished at the ignorance of doctors around me here, who allow their patients to die."

"Do you always cure your patients?"

"Always! I have made diseases and their remedies the study of my life, and I always cure my cases."

"Then you must have systematized the practice of medicine, and your knowledge and experience are worth detailing."

"To be sure. I find that there are just sixty diseases to which mankind is liable, and

as I have discovered a remedy for each disease, I never fail to cure my patients!"

Not long after this conversation, the voices of a large number of wailing women announced the fact that a person of considerable note in the town had died. Our informant, meeting his friend the doctor, remarked to him—

"Judging from the number of mourners, a man of considerable note died last night."

"Yes, he was a prominent man in our town."

"Who was his physician?"

"I was!

"Why, how is this, I thought you always cured your patients?"

"And so I do, of diseases—but that was not disease, that was death, sir. There is no cure for death!"

A new Method of Dissection.—A great desideratum in anatomy is, to obtain an exact idea of the real position of the internal organs. This, however, is far from being the case in dissections by the common method; since every section made on the body, rendered flabby and unelastic by death, produces a corresponding deformation; the soft parts contract, and nothing but an approximative idea can be formed of the relative position of the exposed parts before the operation. In order to obviate this inconvenience, Dr. Pirogoff, of Russia, has had the ingenions idea of subjecting the body, before dissection, to a cold of eight degrees centrigrade (16 Fahr.) for the space of three days. By this means the body acquires a hardness like that of wood, its organs retaining, at the same time, their relative sizes, since the moisture they contain increases by congelation, and thus counteracts the contraction which the solids would otherwise undergo.

The body in this state is subjected to the circular saw, which will cut off slices of the thickness of a one franc piece with the greatest nicety, either longitudinally, transversely, or along the axis of the member. By this means Dr. Pirogoff has been enabled to publish an anatomical atlas of every part of the human body, seen under three different aspects. In order to copy out a section obtained in the manner described, Dr. Pirogoff passes lightly over the frozen alice with a warm sponge; the surface is thus thawed for an instant, but a transparent film of ice is immediately afterwards formed over it. A pane of glass with lines drawn upon it crossing each other at right angles, so as to form so many squares, is then laid on the icy film, and the surface copied out upon paper also divided into squares like the glass.

By this means the greatest precision is attained. The principle of refrigeration has been carried still further by the ingenious inventor, who by exposing a body to a cold of 18 degrees centrigrade (four degrees Fahr.) reduces it to the consistency of stone, and then operates upon it like a sculptor with a chisel and mallet, laying all the viscera open without in the least degree injuring them. It is thus he has been enabled to ascertain that the cavities of the mouth, nose, the tympanum of the ear, and of those of the respiratory organs are the only ones which enclose air, and that everywhere else the surface of all parts of the body adhere immediately to the membranes enveloping the organs they contain; so that however apparently dissimilar their surface of contact may be, there is still no empty space between them.

Medical School Statistics for 1859-'60.—

	Students.	Graduates.
Jefferson Medical College,	630	170
University of Pennsylvania,	515	173
University of New York,	411	138
University of Nashville,	401	—
University of Louisiana,	401	113
Medical College of South Carolina,	248	—
New Orleans School of Medicine,	216	63
College of Physicians and Surgeons, New York,	200	55
Massachusetts Medical College,	196	—
Atlanta Medical College,	166	50
University of Louisville,	130	—
Ohio Medical College,	123	—
New York Medical College,	75	20
Buffalo Medical College,	70	—
Oglethorpe Medical College, Savannah,	60	—
Medical Department of Yale College,	—	13
Rush Medical College, Chicago,	100	36
Pennsylvania Medical College, Philadelphia,	—	37

[*New Orleans Med. News and Hos. Gaz.*

The unusual Mortality in New Orleans for the week ending the 14th, is ascribed by the daily papers to the intense heat of the weather. There were forty deaths from apoplexy, and forty-two from sun-stroke in the total mortality of 300 deaths. These, with others, were nearly all produced by the effects of the great and prolonged heat. The mortality from fevers is very small, less than is usual at this period of the year. These facts, and the entire absence of yellow fever, would seem to indicate that very warm weather was a protection against yellow fever visitation.

Dipsomania. Dr. Harlow, before the recent meeting of superintendents of hospitals for the insane read an interesting paper on dipsomania or oinomania, which latter term he prefers. We give an abstract of the paper, as published in the American Journal of insanity.

Dipsomania is defined as an irresistible desire to indulge in the use of intoxicating substances. It differs from drunkenness, and should be carefully discriminated. The one is a voluntary act, the other an utter inability to control the thirst for stimulants. It matters little to the oinomaniac as to the kind of liquor he takes, the most loathsome is not unfrequently swallowed. The tendency to this form of disease is hereditary. It is often observed in persons predisposed to other kinds of insanity. This character of the disease is distinctly marked in the greatly increased liability to insanity and idiocy, which exists in children born of inebriate parents. It is recognised as appearing in three differrnt forms; the acute, paroxysmal and the chronic. The first is much more rare than either of the others, and arises from various physical conditions. It yields readily to treatment. The paroxysmal variety appears much more frequently than the acute It occurs at irregular intervals, and lasts one or two weeks. While suffering from this form of disease, the patient will consume an almost incredible amount of alcoholic liquors. The intervals between the paroxysms may continue weeks, and even months, during which the patient has no desire for stimulants, and even loathes them. Injuries upon the head occasion this form of disease, and it is also produced by an over-worked brain. To the latter may be traced a large proportion of the cases of general paralysis, which are so frequently attributed to intemperance.

The third or chronic variety, is by far the most frequent of them all, and the most intractable, as it regards treatment and cure. The patient, completely overwhelmed with the desire for stimulants, sacrifices everything that makes life attractive, to this irresistible, insane impulse, under which he continually labors. The causes of this are the same as those of the other varieties of the disease, which are very liable to run into the chronic form, if not properly treated.

Owing to the fact that all cases of inebriety, without distinction, have been looked upon as the result of moral obliquity rather than physical weakness, they have been left to take their own course. But the poor, unfortunate inebriate is beginning to receive a more benevolent consideration. The first step in the treatment of inebriety or oinomania is seclusion. Without it the disease cannot be successfully treated. Many laboring under this form of disease are treated in hospitals for the insane, but, in his opinion, they required different arrangements. They should be provided for in an entirely separate and distinct institution, and not be obliged to mingle in the society of patients in an insane asylum, as no benefit arises to either class from the intercourse. This, we are gratified to know, will not long be necessary. An asylum for this needy class is now in process of erection, in the town of Birmingham, N. Y , the first of the kind, on a liberal and scientific basis, in the country, or in the world. He could not refrain from alluding, in this connection, to the energy and indefatigable exertions of Dr. J. Edward Turner, "the first man who proposed, and advocated, and successfully carried into effect the project of an inebriate asylum."

A New Adulteration of Milk.—The *Lancet* says that a London milk dealer has been detected in coloring the milk with yellow ochre. The object is to avoid the blue water appearance produced by the dilution to which it is subjected, and to give a rich creamy appearance.

—o—

Answers to Correspondents.

COMMUNICATIONS RECEIVED.—*Florida*, Dr. J. J. Hulse, [with encl.]—*Georgia*, Dr. Willis, [with encl.,) Dr. G. W. Rowell, [with encl.,] Dr. W. W. Wall, Dr. O. H. Paull, [with encl.]—*Maryland*, Dr. L. R. Kirk, [with encl.]—*New York*, Dr. Ormiston, Mr. W. E. Chapman, Mr. J. Winchester, Dr. A. C. Campbell—*New Jersey*, Dr. N. A. Dougherty, [with encl.,] Dr. P. G. Creveling, [with encl.]—*Ohio*, Dr. A. J. Hyatt, J. R. Black—*Pennsylvania*, Dr. R. H. Archer, [with encl.,] Dr. J. K. Hartz, Dr. A. P. Dutcher—*Tennessee*, Dr. J. A. Hudson—*Vermont*, Dr. S. H. Currier—*Virginia*, Dr. A. H. Cawthorne, [with encl.]

Office Payments.—Dr. W. S. Senseny, Mr. J. M. Migeod, (adv.,) Dr. A. B. Jennings, (N. J.)

J. JACOB TEUFEL,

MANUFACTURER OF

SURGICAL AND DENTAL

INSTRUMENTS AND TRUSSES.

103 South Eighth St., 3d door below Chestnut,

PHILADELPHIA.

☞ *A large assortment always on hand.* ☜ 186

DAILY WINTER EXAMINATIONS

IN CONNECTION WITH THE LECTURES

Delivered in the Jefferson Medical College

BY

D. D. RICHARDSON, M. D.,

Senior Resident Physician to Philadelphia Hospital, Blockley, and Demonstrator of Anatomy in Philadelphia School of Anatomy, and

JNO. W. LODGE, M. D.,

Formerly Resident Surgeon to Philadelphia Hospital, Blockley.

The Course of Instruction will embrace a full series of Examinations, which will be held each day at 9 A. M. and 3 P. M.

On the first of January the Review Examinations will be commenced, and continued during the lectures, thereby bringing the whole course delivered in *Jefferson Medical College* several times before the class, prior to their final examination by the Professors.

ORDER OF EXAMINATION.

Chemistry, Materia Medica, Obstetrics, } DR. RICHARDSON.

Physiology, Practice of Medicine, } DR. LODGE,

By arrangement, our Class will be admitted to Dr. Agnew's Examinations on Anatomy and Surgery.

Especial attention will be given to preparing students for the Medical Staff of the Army and Navy.

No effort will be spared in contributing to the thorough preparation pnd advancement of our class.

Dr. Richardson being Demonstrator of Anatomy at Dr. Agnew's, will enable him to assist the Class in their anatomical studies.

For further information, address

D. D. RICHARDSON, M. D.,
36 North Seventh Street, Philadelphia, Pa.

198—ew Fee for the whole Course, $30.

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1860–61.

FACULTY.

T. L. BUCKINGHAM, D.D.S.
Professor of Chemistry and Metallurgy.

J. H. McRUILLEN, D.D.S.
Professor of Anatomy and Physialogy.

WILLIAM CALVERT, D.D.S.
Professor of Mechanical Dentistry.

J. L. SUSSEROTT, D.D.S.
Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.
Professor of Dental Physiology and Operative Dentistry.

D. H. GOODWILLIE, D.D.S
Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S.
Demonstrator of Mechanical Dentistry.

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

For further information, address

W. CALVERT, Dean,
133 North Eleventh street,
197—ew13t Philadelphia.

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

Anatomical, Pathological, and Microscopical Preparations.

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS intrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood-cut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILUSTRAION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION intrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS, M. D.
768 Florida street, Philadelphia

REFERENCES.

JOSEPH PANCOAST, M. D, Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.

D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.

ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.

J. DA COSTA, M. D., Physician to the Episcopal Hospital.

F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital

Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN,** No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved

RADICAL CURE and other TRUSSES,
FEMALE SUPPORTERS,
SHOULDER BRACES,
ELASTIC STOCKINGS,
SPINAL APPARATUS

For weak and curved spines, and

INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

ARTIFICIAL EYES.

PERSONS wanting ARTIFICIAL EYES can have them made to order, and inserted, without pain, by DR. OSMUN, Oculist, 1619 Chesnut street, Philadelphia.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P. . . . $0 37½
Aloes et Assafœt: U. S. P. . 37½
Aloes et Ferri . . . 37½
{ Pulv: Aloes, Socot: ½ gr.
{ " Zingib: Jam: 1 gr.
{ Ferri Sulph: Exsic: 1 gr.
{ Ext: Conii ½ gr.
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
{ Pulv: Aloes Socot:
{ " Sapon: Hispan:
{ " Fruct: Colocynth:
{ " Gambogiæ
{ Oleum Anisi
Anti-bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . 37½
" Comp: (Plummer's) 3 grs. . 37½
{ Calomel
{ Oxysulph Antimony
{ Guaiacum Resin
Calomel et Opii . . . 37½
{ Calomel 2 grs.
{ Opium 1 gr.
Cathart: Comp: U. S. P. . 37½
Cinchon: Sulph: 1½ grs. . 50
Cook's, 3 grs. . . 37½
{ Pulv: Aloes Soc: 1 gr.
{ " Rhei 1 gr.
{ Calomel ½ gr.
{ Sapo Hispan: ½ gr.
Colocynthidis Comp: 3 grs. . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . 37½
Copaibæ et Ext: Cubebæ . 37½
{ Pil: Copaibæ. 3 grs,
{ Ext: Cubebæ 1 gr.
Copaibæ Comp: . . . 37½
{ Pil: Copaib:
{ Resin Guaiac:
{ Ferri Cit:
{ Ext: Cubeb:
Fel Bovinum, . . . 50
{ Inspisated Oxgall 2 gr.
{ Powd: Jamaica Ginger, 1 gr.
Ferri (Quevenne's) 1 gr. . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . 37½
Ferri Comp: U. S. P. . . 37½
Ferri Iodid: 1 gr. . . . 50
Ferri Lactat: 1 gr. . . . 37½
Ferri et Strychniæ . . . 62½
{ Strychniæ 1-60 gr.
{ Ferrum per Hydrogen (Quevenne's) 2 gr.

PIL: Ferri Valer: 1 gr. . . . 75
Ferri et Quin: Cit: 1 gr. . . 50
Ferri et Strychniæ Cit: 1 gr. . . 37½
{ Strychnia Cit: 1-50 gr.
{ Ferri Cit: 1 gr
Galbani Comp: U. S. P. . . 37½
Hooper (Female Pills) . . 37½
Hyd argyri. U. S. P. 3 grs. . . 37½
Ipecac et Opii, 3½ grs. . . 37½
Pulv: Doveri, U. S. P.
Opiii. U. S. P. 1 gr. . . 37½
Opii et Camphoræ . . . 50
{ Pulv: Opii, 1 gr.
{ Camphoræ, 2 grs.
Opii et Plumbi Acet: . . 37½
{ Pulv: Opii, ½ gr.
{ Plumbi Acct: 1½ g s.
Quiniæ Sulph: 1 gr. . . . 75
Quiniæ Sulph: 2 grs. . . 1 25
Quiniæ Comp: . . . 1 00
{ Quin: Sulph: 1 gr.
{ Ferrum per Hydrogen (Quevenne's) 1 gr.
{ Acid Arsenious 1-60 gr.
Quiniæ et Ext: Belladon: . . 62½
{ Quiniæ Sulph: 1 gr.
{ Ext: Belladon: ½ gr.
Rhei, U. S. P. . . . 37½
Rhei Comp: U. S. P. . . 37½
Scillæ Comp: U. S. P. . . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
{ Pulv: Aloe Scott:
{ Gum: Mastich:
{ Flor: Rosæ
Zinci Valerian: 1 gr. . . 75
GRANULES, Acid: Arsenious, 1-20 gr. . 25
" " 1-50 gr. . 25
Aconitia, 1-60 gr. . . . 50
Atropia, 1-60 gr. . . . 50
Corrosive Sublimate, 1-12 gr. . 25
Digitalin, 1-60 gr. . . . 50
Elaterinm (Clutterbuck's) 1-10 gr. 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr. . 25
" Nux Vomica, ½ gr. . 37½
Mercury Iodide, ¼ gr. . . 25
" Red, 1-16 gr. . . 25
Morphia Sulphate, 1-10 gr. . 37½
" " 1-6 gr. . 50
" Valerianate, ⅛ gr. . 62½
Quinia Valerianate, ½ gr. . 1 00
Silver Nitrate, ¼ gr. . . 37½
Strychnia. 1-20 gr. . . 37½
" 1-40 gr. . . 37½
Veratia Sulphate, 1-12 gr. . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 180, 1y

DR. McMUNN'S ELIXIR OF OPIUM.

This is the Pure and Essential Extract from the Native Drug.

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious, and useless principles, upon which its bad effects depend.

It possesses all the sedative, anodyne, and anti-spasmodic powers of Opium
To produce sleep and composure. To allay convulsions and spasmodic action.
To relieve pain and irritation, nervous excitement and morbid irritability of body and mind, &c.

And being purified from all the noxious and deleterious elements, its operation is attended by
No sickness of the stomach, no vomiting, no costiveness, no headache,
Nor any derangement of the constitution or general health.

Hence its high superiority over Laudanum, Paregoric, Black Drop, Denarcotized Laudanum, and every other opiate preparation.

In consequence of the exclusion of those deleterious principles from the Elixir of Opium, it is not liable to derange the functions of the system, and will be found invaluable for all cases in which the long-continued and liberal use of opiates is indicated and necessary to allay pain or spasmodic action, and induce sleep and composure, as in cases of fractures, burns, scalds, cancerous ulcers, and other painful affections.

THE ELIXIR OF OPIUM IS GREATLY SUPERIOR TO MORPHINE.

1. In its containing all the active medicinal virtues of Opium in native combination, and in being its full representative, while Morphine, being only one of its principles, cannot alone, and that in an artificial state of combination, too, produce all the characteristic effects of so triumphant a remedy, when several of its other valuable principles are excluded.
2. In all its effects, the Elixir is more characteristic, permanent and uniform, than any of the *artificial compounds* of Morphine.
3. And as a *Preparation*, it is not liable to decompose or deteriorate like the *Solutions* of Morphine, and thus is obviated a serious objection, which has prevented the latter from being used with precision and effect.

To speak summarily, the Elixir of Opium, as a remedy, may be adopted in all cases in which either Opium or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by their distressing and pernicious consequences.

The following letter from Dr. Reese fully confirms the above, and commends itself to the attention of the professsion and the public:

NEW YORK, *January* 11, 1859.

MESSRS. A. B. & D. SANDS: *Gentlemen*—I have been familiar with the history of the "Elixir of Opium" from the time it was first introduced to the profession by Dr. McMunn, and have continued to prescribe the same in public use and private practice since he disposed of his interest in it to you in 1841. Of its value, and the purity of the drug from which it is prepared, the best evidence is found in its wide-spread popularity and use among the profession in our own and other countries, and in all our civil and military hospitals, in which it has become a standard article. It is now prescribed by physicians and surgeons everywhere, when the positive medication of Opium is indicated without the drawbacks in certain pathological conditions involving the nervous system, by idiosyncracy or otherwise, which are inseparable from the ordinary spirituous or vinous tinctures, or the salts of Morphia. Its extended use has led to the introduction of spurious imitations, against which you have done well to guard the profession and the public. The fact that the pharmaceutical journals have so frequently proposed and announced "substitutes" for McMunn's Elixir of Opium, and published so many formulæ for its officinal imitation, is the very highest attestation to the merits of the article as prepared by you. Knowing as I do its merits, I most cordially express my desire that its remedial virtues may be more extensively known. Yours respectfully,

D. MEREDITH REESE, M. D., LL. D.,
Late Vice President of the American Medical Association; Resident Member of the New York Academy of Medicine; Editor of the American Medical Gazette, &c.

☞ NOTICE.—**A. B. & D. SANDS** having purchased of Dr. McMUNN all his right, title and interest in this article, and having been the sole Proprietors since 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers that no Elixir of Opium will hereafter be genuine unless having their signature on the outside wrapper; and all orders from the "Trade" must be addressed, as heretofore, to A. B. & D. SANDS, Wholesale Druggists, 141 William street, corner of Fulton, New York.

190—mfy SOLD ALSO BY DRUGGISTS GENERALLY.

J. M. MIGEOD,

MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.

Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50
No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50
No. 3, containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " 9 50
No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottle
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" 4 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

DENTAL INSTRUMENTS—TEETH.

JOHN KLINE,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, FINDINGS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 188

COLLEGE OF PHYSICIANS AND SURGEONS,

CORNER 23D STREET AND FOURTH AVENUE,

NEW YORK.

FIFTY-FOURTH SESSION 1860–'61

EDWARD DELAFIELD, M. D., President of the College, and Professor Emeritus of Obstetrics.

ALEXANDER H. STEVENS, M. D., LL.D, Professor Emeritus of Clinical Surgery.

JOHN TORREY, M. D., LL.D, Professor Emeritus of Chemistry and Botany.

JOSEPH MATHER SMITH, M. D., Professor of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.

ALONZO CLARK, M. D., Professor of Pathology and Practical Medicine.

JOHN C. DALTON, JR., M. D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Professor of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOTT, M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy and Curator of the College Museum.

The Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures, $105. Graduation Fee, $25. Demonstrator's Fee, $5. Matriculation Fee, $5.

JOHN C. DALTON, JR., M. D.,
Secretary of the Faculty.

192—3m.

A COURSE OF INSTRUCTION IN ANALYTICAL CHEMISTRY, therapeutical and practical, and with the especial view to the wants of the physician, will be commenced early in July. The course will close with the Analysis of Animal Fluids, Blood, Urine, &c.

Applications to be made at the laboratory of

J. M. MAISCH,
800 Arch Street.

Organic and Inorganic Analyses promptly attended to. 190

TRUSS

AND

BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

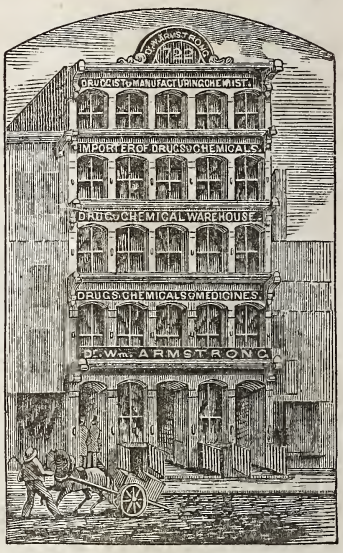
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with above, with flattering results. 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.


DRUGS TO MANUFACTURING CHEMIST
IMPORTER AND MANUFACTURER OF CHEMICALS
DRUG & CHEMICAL WAREHOUSE
DRUGS, CHEMICALS & MEDICINES
Dr. Wm. ARMSTRONG

Also a General Assortment of Concentrated Medicines, from the Laboratories of MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut	2 to 5	1 50
Alnuin	Res. Rd. Neut	2 to 10	75
Apocynin	Rd. Res. Neut	½ to 3	2 00
Asclepin	Rd. Neut	1 to 5	1 50
Baptisin	Res. Neut	1 to 8	1 00
Barosmin	Res. Neut	1 to 3	2 00
Caulophylin	Rd. Neut	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut	2 to 5	1 25
Chimaphilin	Res. Rd. Neut	2 to 5	1 00
Collinsonin	Res. Neut	2 to 5	2 00
Colocynthin	Rd	½ to 2	2 00
Cornin	Rd. Neut	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut	1 to 3	3 00
Cypripedin	Rd. Neut	2 to 4	1 00
Digitalin	Rd. Alk. two Neut	⅛ to ½	1 50
Dioscorein	Res. Neut. M. R	2 to 5	1 50
Enonymin	Rd. Alk. Neut	1 to 4	2 00
Euphorbin	Rd. Neut	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk	2 to 5	1 50
Fraserin	Res. Neut. and M. R	2 to 10	1 00
Gelsemin	Rd Alk. Neut	¼ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd Neut	3 to 8	2 00
Hamamelin	Res. Neut	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut	⅛ to ½	2 50
Irisin	Res. Rd. Alk. Neut	1 to 3	1 00
Jalapin	Res	2 to 5	1 50
Juglandin	Rd. Neut	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut	2 to 5	60
Lupulin	Res. Rd. Neut	1 to 4	75
Lycopin	Rd. Neut	1 to 4	1 00
Macrotin	Rd. Alk. Neut	½ to 2	60
Menispermin	Rd. Alk. Neut	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut	½ to 3	1 00
Podophyllin	Rd. Alk. Neut	½ to 3	60
Populin	Rd. Neut	2 to 5	50
Prunin	Rd. Neut. Amyg	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to and sent to all parts of the United States, by addressing

DR WILLIAM ARMSTRONG,
722 Market Street, Phila'a

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 199. | PHILADELPHIA, AUGUST 11, 1860. | NEW SERIES VOL. IV. NO. 19.

ORIGINAL DEPARTMENT.

Communications.

The present State of Ophthalmoscopy.

By Max Kuechler, M. D.
Of Newark, N. J.

No. 2.

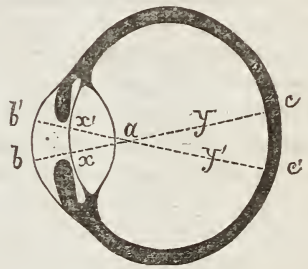
1. *Opacities of the Refracting Media of the Eye.—Opacities of the cornea* can scarcely be considered as playing a part in ophthalmoscopy. The exudative process in the layers of the cornea can be observed readily enough by the unarmed eye; only the oblique illumination may contribute something to their better recognition. This is especially true of the punctiform inflammation of the *membrane of Descemet*, which may be overlooked without the aid of the oblique illumination, on account of the minuteness of its structure.

Opacities of the aqueous humor are diffuse, and best seen with the naked eye.

We now pass on to the opacities occurring in the refracting media behind the iris, and here the ophthalmoscope is of much greater service. Opacities in these parts—unless they are so extensive that the rays of light are completely obstructed, and it is rendered impossible to see the back ground of the eye—may be examined by two different modes.

If the eye is illuminated by the ophthalmoscope, and the focus of the latter thrown into the back-ground of the eye, we see the red field of the latter, upon which the existing opacities of the refracting media are seen as black shadows. But if we wish to determine the color, consistency and structure of these opacities precisely, the focus of the ophthalmoscopic lens must be thrown upon the opacity itself. There is some difficulty in determining the precise position of the opacity, i. e., whether it is located in front, behind of, or in the axis of the eye. If the opacity is situated in the axis of the eye itself, (Fig. 1, a,) then, of

Fig. 1.



course, it will appear to remain in the same place, whatever be the motion of the eyeball or the movements of the examining physician. But if the opacity is located in front of the eye's axis, (f. i. at x,) then it will follow the movements of the eye; it will be raised to x' when the eyeball is raised. This is termed the positive parallax. If, however, the opacity is behind the axis, (f. i. at y) and the eye is raised, the opacity will apparently sink and be seen at y'. This change of locality is termed negative parallax.

In other words, opacities in front of the axis of the eye will follow the movements of the diseased eye or those of the examining physician; while opacities behind the axis of the eye will move in the opposite directions. The greater the movements or excursions of the opacity, the more remote is it from the eye's axis, and vice versa. Opacities behind the axis occur in the vitrious humor alone, as the former is situated a little behind the lens. Opacities in front of the eye's axis, on the

contrary, may occur in all other parts of the refracting media. While opacities which lie in front, or in the immediate neighborhood of the axis can readily be seen with the upright picture, opacities situated near the depth of the eye should be examined by means of the inverted picture; and thus if, for instance, a cysticercus be present in the back part of the eye, it may readily be detected, and observed in its whole length, by slightly moving the head to and fro.

Opacities of the Capsule of the Lens.— The capsule of the lens in its normal state, when seen by the oblique illumination, presents a light bluish tint, which it loses when examined with the ophthalmoscope. We must hence be careful not to mistake this bluish tint, apparent only under the oblique illumination, as a pathological result.

Among the pathological products of the capsule of the lens, it is necessary to distinguish accurately between simple exudations and opacities which have become plastically organized; this is not very difficult, because simple exudations, which have not yet undergone all the phases of an opacity have more of a grayish color, shading into blue, while the color of opacities that have persisted some time, appear white or mother of pearl like.

As a consequence of iritis we frequently find, on close inspection of the eye, small points within the circumference of a small circle, upon the anterior, convex capsule. With the ophthalmoscope these can be recognized only as shadows in the depth of the eye; but not by throwing the focus directly upon them. By the oblique illumination, we can best recognize the color, consistency, and form of these exudations. (Fig. 2.)

Fig. 2. Fig. 3. Fig. 4.

Large opacities of the lens (capsulolenticular cataract) occur in two forms. The color of the capsule in both forms is the same, of a uniform, often of a bright whiteness. The shape however varies. It is generally serrated, and the serrations reach as far as the margin of the iris allows us to look. (Fig. 3.)

This simple capsular cataract demands an operation in cases where it is extensive enough to interfere with the sight. Different however it is with the second form of capsular opacity. Here the opacity is round, and is situated completely in the centre. (Fig. 4.)

In this case we can conclude with almost absolute certainty that there exists partial or complete separation of the retina; this conclusion is strengthened if there exists a complication with lenticulo-capsular cataract, or calcification of the lens, by which the retina is separated, in consequence of an chorioiditis set up through the lens. The retina is separated from the choroid covering it, as far as the inflammatory process has involved the latter. In such a case an operation would be of little avail.

The opacities after an operation are caused by the presence of cataractous fragments of the lens that have remained behind. The examination in this case should be made by the oblique illumination with the convex glass.

(To be continued.)

An Improved Anterior Angular Arm Splint.

By J. W. Thompson, M. D.
Of Philadelphia.

I have been repeatedly and forcibly struck with the difficulty of application, and the uncomfortableness of the fit of the angular splint in common use for the front of the arm; and have, after considerable thought upon the subject, become convinced that the construction is radically wrong, considering the anatomy and function of the parts. To remedy this, it is but necessary to adopt an apparently slight change, which I suggested in a conversation with several experienced members of the profession some six months ago and which time has but proven to me is founded on correct principles, and is all that is needed to make a perfect splint.

The ordinary splint, made either with or without a flexible joint, holds the fore-arm in an unnatural position, and is consequently exceedingly irksome.

If the surgeon be an overly neat man, and determined to make a perfect adaptation of parts to both arm and forearm, he will frequently find that his patient complains not only of this painful tiring, but that the compression over the carpo-metacarpal joint of the thumb, becomes a serious trouble, and at times unbearable.

To prove the malconstruction, one has but to apply it to the well arm, and after arranging it as if for dressing, remove the splint and endeavor to hold the fore-arm in position as forced by the apparatus, not allowing any pronation to take place. One minute will suffice for any one to ascertain that nature never intended the wrist and fore-arm to be held in just that position.

Now, to obviate this difficulty, I find that it is only necessary to incline the upper piece *outward*, at a slight angle from the perpendicular, when the fore-arm will rest in *slightly* pronated position, which is its natural state.

This may perhaps be better understood by reference to the annexed figure, representing a direct posterio-lateral view of the modified splint.

The arm rests easily on such a splint; undue pressure upon the carpo-metacarpal articulation of the thumb is avoided; and this being the natural position of the arm, the fragments of bone are held more perfectly in apposition, all which things tend certainly to a more rapid and perfect recovery.

The idea—which as above intimated is original with myself—is now submitted to the judgment of the profession, with the hope that it may be tried, scanned closely, and if found worthy, adopted by it.

And though it be but a trifle, I shall feel gratified in being able to add even such a mite to the treasury of the profession, whence we draw relief for suffering humanity.

Protracted Labor—Uterine Hemorrhage—Fibrinous Coagula—Puerperal Delirium—Eclampsia—Recovery.

By W. Johnson, M. D.

Of White House, N. J.

The caption of my article is an epitome of the case. But as the case is unique, and presents points of great interest, and involves principles of obstetric practice, I ask the indulgence of a more extended notice.

I was called on Wednesday evening, July 11th, to visit Ellen, wife of D. R., aged about 33, supposed to be in labor at full time with her second child. The first child, which was a daughter, she had about nine years since. Her labor at that time was not tedious, and her recovery was good. This lady is of large enbonpoint, but of exquisite nervous temperament, and of strong "cephalic pre-disposition." *She has been twice threatened with eclampsia within a few weeks past.* Pain in her head, vertigo, and flushed face, were removed by the free use of the lancet, saline purgatives, and restricted diet. All cerebral uneasiness was by these means averted.

I saw Mrs. R. at 8 o'clock, and found that she had been in labor all day—pains recurring every five or six minutes—os dilated about as large as a quarter of a dollar, and rather rigid. As my house was not far off, I did not think it necessary to remain with my patient during the night. In the morning I found but little progress made in the labor; the os was more dilated, but still rigid. I detected a head presentation in the second position of Baudeloque. The pains were not increased in force—she had passed a restless night—pulse 80—dulness of head, but no pain. I advised cold applications to head, and to keep quiet. This labor had been precipitated by over exertion. I saw her two or three times during the day. Labor progressed slowly; pains were not much increased in force. In the evening I prescribed two grains of *antim. tart* in eight tea spoonsfull of water, and directed a spoonfull to be given every half hour, until a decided effect be produced. The third dose sickened, and the fourth dose vomited her very freely. I now desisted from giving more. The effect

on the os uteri was very satisfactory; it dilated and became supple; the pains increased in efficiency, and she was delivered at ten o'clock of a female child weighing about six pounds. There was no hemorrhage—and the placenta was readily removed.

Mrs. R. is of a very loquacious disposition, and she was elated and joyful in the birth of a daughter. No less than three times had I occasion to caution her against much talking. I told her that if she should have severe flooding, that it would not be the first case of the kind that I had seen brought on by this very cause; the circulation becomes excited, and flooding is sometimes the result. When I parted with her husband, at his door, I expressed my apprehension of his wife having a turn of flooding, in consequence of her having talked so much. I had not left over an hour when I was called back, on account of flooding and severe after-pain—the pain was excruciating. It was necessary to introduce my hand into the vagina and turn out a large coagulum. After effecting this, I carried my hand to the os uteri, and found it filled up with fibrinous deposit, and open to the size of a dollar. I attempted to introduce my hand, but found that I could not do it without violence. I satisfied myself in removing with two fingers the fibrinous material. A large cloth, saturated with cold vinegar, was applied to the abdomen, and I gave to my patient two 3 gr. doses of plumbi acetas. All pain was removed by taking away the coagulum, and the hemorrhage was so completely arrested, that I returned home in half an hour.

Friday, 13th. At eight o'clock in the morning I found patient doing well—no return of hemorrhage—pulse 100, and weak. I directed perfect quietude and light diet, taken cool. Before noon the patient became quite delirious and applied her hand frequently to her head, as if she had pain there. She could not answer correctly questions put to her—pulse about 85, and active—abdomen and breasts flaccid. As she had lost so much blood per vias naturales, I did not resort to the lancet, but had her freely cupped, and ice, enclosed in an oil cloth, kept constantly on her head. I gave her Norwood's tincture of veratrum viride, in doses of six drops every three hours. This treatment relieved her much.

Saturday, July 14th. I was called up this morning before 5 o'clock to visit Mrs. R. She had had a chill. The cold applications had been removed sometime previously thereto. The nurse had covered her up with additional bed clothes, and made warm applications to her feet. Her pulse I found to be 80 when I first arrived, and 90 after remaining some little time with her. I advised a continuation of the means which had been employed. At noon I found that reaction had taken place—pulse 94, tumultuous and corded. I gave her 5 grs. of calomel—had sinapisms applied to calf of the legs, and returned to the application of ice water to the head. She continues verat. virid. Patient seems rather more rational, and answers some questions correctly. She had complained in the fore part of the day of some abdominal pain, but I think that it was merely after-pain—there is no tenderness of abdomen on pressure—no tension or fulness. She has urinated freely.

Sunday, 15th. I saw Mrs. R. early in the morning. She is still delirious, and talks very incoherently. The dominant phantasm is an interesting daughter whom she lost over a year ago. The inquiries which were so anxiously made then, are repeated now. "Is Emma better?" "Will Emma get well?" "Is there any hope of Emma's recovery?" &c. Mrs. R's pulse stands at 90—tongue but little furred—some jactitation—no thirst. The calomel had operated freely, but not without the aid of a suppository of molasses candy. Mr. R. informed me that he had sent for Dr. Honeyman in the night, to meet me this morning, and that Dr. Willet would meet with us both in the afternoon. Dr. Honeyman came in the morning. At my suggestion, as we found the skin cool—lips pale—pulse 90; it was agreed to give the julep of ammonia as a tentative measure, in doses of 5 grs. of the ammonia every two hours (the lædentia and juvantia practice,) until we should see patient again in the afternoon. When we met in the afternoon, we found that two doses of ammonia

had been given. Her pulse was now 108, corded and tumultuous—*the systole of the artery taking place before the diastole was completed.* The face was flushed, and skin hot. We were now satisfied that tonics and stimulants were improper in the further treatment of the case, and that the antiphlogistic remedies were clearly indicated. Dr. Willet now arrived and examined the patient, and we retired for conference.

I gave Dr. W. a history of the case, and in doing so, stated that I considered the disease to be "puerperal delirium," and that Dr. Todd in his lectures on this affection makes out two varieties; in one of these there is rapid, thready pulse, and per vigilium; in the other variety there is little if any fever, full pulse, and disposition to doze. These latter cases, he says, generally recover, the former generally die. The causes of this affection, Dr. Todd says, are protracted labor and uterine hemorrhage. In my patient's case, the *punctum saliens* was too much talking, which produced excited circulation, resulting in uterine hemorrhage. All the cases of puerperal delirium which I had heretofore seen (and they were not numerous) were of an ephemeral character, and resulted from the shock given to the great nervous centres from severe labor. In my opinion, in the case of Mrs. R., *the brain was in the same pathological condition that occurs in eclampsia; there was intense irritation, without inflammation;* it would take but little to kindle up inflammation. Both gentlemen concurred in these views, and expressed their approbation of the course pursued by me. The result of our conference was this, to fall back again to the veratrum viride, to bridle the circulation, and to bring about as speedily as possible a mercurial impression. We agreed to give Mrs. R. 2 grains of the mild chloride of mercury every three hours, unless it should purge her too much; if so to give one grain, and if bowels be still too much disturbed, to suspend awhile the internal use of the remedy and employ it by inunction; to use 1 drachm, night and morning, of the unguent. hydrarg. fort., and when the system was somewhat reduced to apply an epispastic between the shoulders. This location of the epispastic was preferred, as it would not interfere with putting the arm under the neck in raising the patient up. I found in the evening that the calomel had not moved the bowels, and I felt the bladder above pubes somewhat distended with urine, but I did not resort to catheterism, as I hoped that she would empty her bladder simultaneously with the operation of the calomel on her bowels.

Monday, 16th. I saw Mrs. R. early this morning. She was uneasy; bowels had been moved repeatedly, but she had not urinated. Her skin was cool, and pulse 90. Catheterism was performed, and two quarts of urine drawn off. She was greatly relieved thereby, and pulse fell to 86; she soon got into a tranquil slumber. I found, by examination, that there was no uterine disease; abdomen soft; breasts secreting.

To avoid repetition, I will state that the catheter was used night and morning until the 23d, when the patient could relieve herself. And the veratrum viride was given for 12 days, every 3 hours, in doses of six, five, four, and three drops.

I saw Mrs. R. several times in the course of the day. She slept occasionally; had very slight fever; no mercurial fœtor in her breath; pulse from 90 to 94. Her bowels were moved too freely, and I gave her a grain of tannin, which restrained them. On account of the disturbed state of the bowels, I discontinued the internal use of the mercury, and resorted to inunction—one drachm of ung. hyd. fort. was rubbed in, night and morning. She takes but a small quantity of food.

I was called out of my bed, at 11½ o'clock at night, to see Mrs. R. She had eclampsia. The convulsion had passed off before my arrival. I applied the epispastic between her shoulders, and left her to the care of her nurses. This seizure of Mrs. R. verified the correctness of the opinion advanced by me on Sunday afternoon, of the pathological condition of Mrs. R.'s brain.

17th. Mrs. R. had no return of convulsions during the night. At my visit this morning, her attendants informed me that she had seemed

better ever since the convulsion, which lasted about ten minutes, had fairly passed over. Her blister had not drawn sufficiently, and was reapplied; it was now, however, found to be well drawn, and removed. After discharging the effused serum, I dressed the blister with one drachm of mercurial ointment. Her pulse is now 90, and she is more conscious than since her attack, and shows that she notices what is passing around her. Her answers to questions indicate returning intelligence. Her gums are not puffed, but the mercurial fœtor can be detected in her breath; she appears to have no great cerebral distress at present; her face is pallid.

I had not parted with my patient over two hours, before I was again summoned to her with the message that Mrs. R. had another fit. It had passed off, however, before my arrival; it was not so severe as the first. She had been seized with griping pain, and perhaps this abdominal pain had originated the convulsion. She was pallid, at my arrival; her pulse 120, and sufficiently firm. I prescribed half a grain of morphia, which was repeated. In the evening I found that she had passed a very comfortable day. She has much more intelligence, but is, at times, delirious still.

18th. Mrs. R. has passed a good night; pulse 86; slight puffing of gums; mercurial fœtor of breath; mouth a little watery. Her blister has been dressed three times, with mercurial ointment—1½ drachms being used each time. Mrs. R.'s countenance is much better, and this morning, for the first time, she requested to see her child. She was gratified therein.

20th. Improvement still progresses; pulse between 90 and 100, but has less tension; countenance good; intelligence fully restored; desire for food; takes arrow root, and enjoys it; gums are not more puffy than they have been; mercurial fœtor of breath. Use the ointment once a day; I wish to keep up the effect on the system. Her prospect of recovery is now good.

I will not pursue the daily entries any further. Suffice it to say, that the case almost daily improved. There were occasional attacks of cephalalgia, and I had to cup her once on this account. On the 29th I pronounced her well.

REMARKS.—The foregoing case affords material for psychological and pathological speculation. My remarks will be, however, of a recapitulatory nature. Mrs. R. had but few lucid moments for the first four days. She frequently dozed. *Although the fons et origo of this case was uterine hemorrhage, and the patient pale and surface cool, it would not bear a tonic or stimulating treatment, as was clearly demonstrated by the tentative practice of the 15th.* Neither would it bear an opposite treatment. There was, however, a *via media tutissima*. This was pursued. The veratrum viride measurably controlled the vascular system, until the mercury had supplanted morbid action by its own peculiar impress. Iced water was kept to the head day and night unremittingly, for the first ten or twelve days, the hair having been cut off. To obviate any danger of freezing the scalp, several folds of muslin were interposed. Sinapisms to the extremities, were occasionally employed.

On Hæmatine and its Detection.

By J. F. HELLER, M. D.

(Translated from "Zeitschrift der Aertzte" of Vienna, by J. M. Maisch, of Philadelphia.)

Everybody is acquainted with the names hæmatine, hæmatoidine, hæmine, and hæmatoglobuline, but the chemical compounds to which they are applied are frequently confounded. It will therefore meet the wishes of many, when I introduce this paper, with a synopsis of those compounds, which either contain the coloring matter of blood, or have been formed therefrom.

The pure red coloring matter of fresh, that is, natural, blood, is the true hæmatine, but is often confounded with hæmatoidine, a name applied by Virchow to the red microscopic crystals, first discovered by him in old blood extravasations of the brain, and afterwards found in obliterated veins, hæmorrhagic infarctions of the spleen, suggilations of the

skin and suppurating cavities. Hæmatoidine appears to be a modification of normal hæmatine, and like it, contains iron; it occurs in more or less intensely red granules, or prismatic crystals, frequently in oblique, rhombic, prismatic tablettes, and is insoluble in water, alcohol, ether, alkalies, acetic and mineral acids.

Crystals of hæmine, prepared from dry blood, are insoluble in water, alcohol, ether, and chloroform; but potassa dissolves the crystals prepared by glacial acetic acid, from dried as well as from liquid blood. Virchow's hæmatoidine must not be mistaken for the blood crystals, obtained from a drop of blood between glass plates; the chemical constitution of these latter, although so much has been written about them, is still unknown.

Hæmatine is most frequently confounded with hæmato-globuline, which name was given by Berzelius to the combination, or better mixture, of hæmatine with globuline; in other words, to the isolated and dried blood corpuscles; it is the red powder remaining on the filter, on washing defibrinated blood with sulphate of soda. The coloring matter, as is well known, exists in the blood globules as a semi-fluid mass, whether within the wall constituted by the globuline, or upon its surface, has not been ascertained yet; it is certain, however, that it is insoluble in the blood serum of normal concentration, that is of 1.027 to 1.028 spec. grav., and that a higher density does not increase its solubility. If the serum containing the corpuscles is diluted, the hæmatine is dissolved, and the quicker with an increased dilution, until all hæmatine has been extracted from the globules by exosmosis.

It is for this reason that, in hæmaturia, the blood globules settle from the pathological urine, leaving it yellow, without taking up hæmatine, if the specific gravity of the urine is equal to, or at least approaches that of the serum. The hæmatine, however, dissolves in light urines and other se- or excretions, and passes as a red solution through the closest filter; we express this fact, by saying the liquid contains dissolved blood. Only the hæmatine is in solution, while the walls of the corpuscles, the globuline, settle loosely in the form of colorless hyaline membranes.

In investigating vegetable and animal pigments, I found that the best liquid for separating most pigments is a mixture of strong alcohol with some sulphuric acid. I have in the same manner effected the separation of hæmatine from globuline, and Lecanu recommended the same method, two years after me, without mentioning my discovery. Pure hæmatine is a dark red brown liquid, being red when diluted, and when dry almost black, yielding a brown red powder. It is insoluble in water, but dissolves, with blood red color, in solutions of such mineral salts as are contained in the blood, particularly in sulphate and phosphate of soda, and the carbonates of the alkalies. The salts of the blood appear to be the sole cause of aqueous solutions of hæmatine.

When burned in platina, hæmatine leaves a residue of nearly pure peroxide of iron. The elementary analysis shows, besides C, H and O, the presence of a considerable proportion of nitrogen. The quantitative estimation has lead to different results, and a reliable formula can as yet not be produced, though Mulder has calculated the following C_{44}, H_{22}, N_3, O_6, Fe.

The most singular theories have been advanced about the state in which the iron is contained in the blood; it was asserted to be present as carbonate, as cyanide, sulphocyanide, phosphate, &c., and lastly as metallic iron. While the former theories have long ago been refuted, the latter has been sustained on the ground of elementary substitution, just as S, P, As, &c., may substitute a corresponding number of equivalents of hydrogen. As a proof for this view, the fact was taken that hæmatine, when treated with concentrated sulphuric acid, and afterwards with water, evolves hydrogen, yielding protosulphate of iron. Mulder and Goudœver prepared in this way their hæmatine free of iron. Sanson and Scherer observed that concentrated sulphuric acid extracts nearly all iron from the hæmato-globuline and the dried cruor. But it appears more than probable that the brown color of

the residue arises from the influence of the sulphuric acid.

The presence of iron in the metallic state may be denied on therapeutical grounds. Iron combines directly with oxygen, and decomposes water at every temperature; now it is impossible that blood, being an aqueous liquid of a temperature of near 59° C. (102° F.,) and containing free carbonic acid and oxygen, should retain the iron in a state of so extremely fine division without oxiding it. Hæmatine therefore appears to be a compound, analogous to the albuminate of soda, which is met with in the serum; and this view is supported by the separation of oxide of iron from the organic portion of hæmatine by means of strong acids.

According to Mulder, hæmatine contains 6.391 parts of iron; Berzelius found in human blood cells .38 parts; 1,000 parts of human blood when yielding 128 parts of red blood cells will contain 7.02 parts hæmatine.

Hæmatine contains almost all the iron of the blood; the hæmaphæin of the blood-serum contains but an extremely small proportion of it. All hemorrhagic exudations arising from filtration of the blood-serum, contain hæmaphæin, which may be prepared like hæmatine. Whether in physiological processes, the penetration of hæmaphæin precedes that of hæmatine, or this the former, has not been determined.

The coloring matters occurring in the various se- and excretions of the animal body, whether normally or in an abnormal state, may be classed as such containing iron and such that are free of iron. I look upon all the former as derivatives from hæmatine; they are hæmaphæine, urophæine, urœrythrine; Harley's urohæmatine, is identical with the latter. Uroglaucine and urrhodine, among others contain no iron; their qualitative relations in the urine and blood of different diseases, and their being accompanied by changeable proportions of urophæine make it evident that they are in no way connected with urophæine or with hæmatine.

I have shown that urophæine, the brown coloring matter of normal urine contains iron, and that all iron occurring in normal urine, is a constituent of urophæine. That this is a derivative of hæmatine, that it is a product of blood cells decomposed by the alimentary process, we can observe best in acute diseases where the decrease of the blood cells, that is a decrease of iron in the blood, is accompanied by a constant increase of urophæine, that is, an increased secretion of iron by the uropœtic process. My views are most obviously sustained by the secretion of urophæine in diseases of the liver and frequently of the kidneys, particularly even in chronic cases of disorganization of the liver, like hepar granulatum; that is, in diseases of those organs, which are supposed to be directly concerned in the metamorphosis of the blood, and chiefly of the cellulose of the blood. I have succeeded in several cases to show the presence of urophæine, besides the hæmaphæine of the blood-serum, namely in liver diseases, (granulated liver, atrophy,) in uræmia and cholera, and from the same blood I have prepared likewise urrhodine and uroglaucine.

Detection of blood and its coloring matter in various se- and excretions.—It is frequently very difficult to ascertain whether urine or others of the se- or excretions contain blood; but for the physician it is always of great importance to obtain certainty on this point. In criminal cases, the detection of blood, for instance blood stains, is always connected with difficulties, if no blood cells can be seen by the aid of the microscope.

Hæmatine contains nearly 7 per cent. of iron; it has been recommended to extract it by means of alcohol acidulated with suphuric acid, and to conclude, particularly if albumen has been found, from the presence of iron as to the presence of blood. But urophæine is extracted in the same manner, and the above conclusion is therefore wrong. The investigation whether a liquid or any substance contains blood, must be undertaken with more care, and with attention to certain precautions and modifications in accordance with the properties of the various pathological products

with which the physician must be acquainted. To simplify the methods, without imparting their reliability, is an important object of the medical chemist, and I hope in the following to have made a few steps in advance.

(To be continued.)

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. F. Meigs.

Case of Spinal Spasm.—This patient, John Lobb, 25 years of age, has been in the hospital for some time, under treatment for paralytic and spasmodic disorders, the result of injury. Four years ago he had a fall while working in a mine, and was partly buried under about a ton of earth. Soon after he became affected with hemiplegia. Of this he gradually recovered, so that he is now able to walk, and his gait has recovered its firmness. But there remains in the right arm and hand a peculiar paralytic-spasmodic affection, described by Romberg, the German pathologist, as spinal spasm. It consists of irregular muscular twitchings, the movements of the flexors predominating. This is due, undoubtedly, to a want of co-ordination of the flexor and extensor muscles, owing to a deficiency in the innervating power of the nerves supplying these muscles. The pathological lesion upon which this depends is probably thickening of the meninges of the spinal cord, the result of a slow inflammatory process.

The electric battery has been used in this case with benefit, and he is slowly improving.

Case of Chronic Diarrhœa. Nitrate of Iron.—G. G. Ayers, 42 years of age, has had dysentery, which has terminated, as these cases frequently do, in chronic diarrhœa. He has been put under the liquor ferri nitratis, combined with tinctura opii, and is improving. Dr. Meigs considers the nitrate of iron as a very valuable astringent in these cases, and those of a similar nature, especially where the patient has been much debilitated, and where there is an anæmic condition of the system.

Case of Ascites.—This patient, a man, 35 years of age, confectioner by trade, was admitted into the hospital July 25th, 1860. He had, according to his own statement, been perfectly well up to the latter part of April, when "he caught a cold" and his bowels commenced to swell. There was pain around the epigastrium, but no pain in the back or elsewhere; of late, however, he has had some pain in the lumbar region; he was attacked with spontaneous vomiting three or four times a day, which continued up to the time when he entered the hospital.

In May, some five or six weeks after his abdomen had become enlarged, his feet commenced to swell, and are yet in an œdematous condition.

His bowels were costive all that time; stools grayish, ash colored, but never clayish. He would sometimes go for a week without an evacuation. His appetite, however, was not much interfered with; he could eat meat and vegetables. His skin has been dry.

During the whole of last winter, before he was taken sick, he had frequent attacks of epistaxis; but none lately.

Physical Examination.—On inspection, the abdomen appears considerably enlarged, full, somewhat tight, but not as tense, as it is often found, where there is meteorism.

Fluctuation is very well marked.

Percussion yields a flat sound over the whole abdominal region, becoming more resonant as we approach the epigastrium; the sides give a perfectly flat sound. Change of position shows evidently the gravitation of the fluid, the region of resonance extending downward when the patient is placed in a sitting posture, and the dulness extending upward when he lies on his back.

Abdominal Organs.—Percussion over the spleen evinces no enlargement of this organ.

Liver.—Nothing like the solid resistance, as it is found in cases of enlargement of this organ, is found in this case. Its lower border does not extend below the margin of the ribs, nor does the left lobe extend below the xiphoid cartilage, the resonant sound on percussion being clear and well marked in this region.

But on percussing upwards toward the chest, there is considerable dulness as far up as the right fifth intercostal space, showing that some solid or fluid rises upward in this direction.

Heart.—The apex-beat of the heart which ought to be found between the fifth and sixth left intercostal space is very indistinct, but exceedingly well marked higher up between the second and third intercostal space. The sounds, however, of the heart, are normal. There is hence evident displacement of the organ upward, in consequence of the accumulation of serum in the abdominal cavity, crowding the diaphragm and the thoracic viscera in that direction. This is also the reason why the clear pulmonary resonance has disappeared on the right side as far as the fifth intercostal space, and been replaced by dulness.

(To be continued.)

EDITORIAL DEPARTMENT.

Periscope.

Sub cutaneous Injection of Acetate of Morphine.—Dr. W. Ogle reports, in the London *Medical Times and Gazette*, a very severe case of delirium tremens, successfully treated by subcutaneous injection of acetate of morphia, after all other means, including chloroform, had failed. One grain of the salt, dissolved in min. vi. of water was the dose. The injection was thrown into the cellular tissue of the arm.

Two Cases of Extra-uterine Abdominal Fœtation—in both of which the dead fœtus was removed by an operation, and recovery took place, are reported in the London *Medical Times and Gazette*, from which we condense the following abtract:

Case I.—The patient was a delicate woman, 40 years of age, mother of four children. In the beginning of December, 1858, two months after the suspension of her menses she came under Dr. Stutters care, suffering from general abdominal pain and extreme tenderness over the whole belly, most marked in the left iliac region. There was incessant vomiting, constipation, great thirst, and a quick small pulse. The symptoms passed off for a time, but two similar attacks came on again—one in the latter part of December, the other at the end of January. In the beginning of February, pulsations of the fœtal heart were discovered, and in the middle of the same month she quickened. Early in June, 1859, (eighth month of pregnancy) she again had a severe attack of the same kind, as described above. In the beginning of July another, less severe, accompanied by much forcing pain and procidentia; during this she ceased to feel the movements of the child, and they never returned. The abdomen of the size of full period of pregnancy, tender, especially on the left side; fœtus could be felt distinctly through the parietes. During the prolapse which occurred, the os uteri was found open; the cervix formed a canal with the body of the uterus, into which the sound was admitted for a length of an inch and a half. There was an escape of blood from the interior of the uterus, and a shreddy mucus continued to be discharged for some days afterwards.

From this time on she was unable to leave her bed, grew more and more feeble, and was troubled with vomiting of almost everything she took. Pulse between 140–150; mouth covered with aphthæ, and the patient rapidly sinking.

It was finally determined to remove the fœtus by an operation. The operation was consequently performed 18 days after the death of the fœtus. Chloroform having been administered, a trocar was plunged in the most prominent part of the tumor in the median line, a few inches below the umbilicus, and about sixty ounces of turbid brownish fluid escaped, which had a fetid odor. A free incision was then made upwards and downwards to the extent of about six inches through the abdominal walls, when the back of the child presented. The hand having been passed into the abdomen, the child's feet were seized and extraction easily accomplished. The child was a female, weighing five-and-a-half pounds; skin peeling off, its body undergoing decomposition, and smelling very offensively.

The placenta was found to be firmly adherent over the surface of the intestines, and no attempt was consequently made to get it away. In dividing the abdominal walls no cyst-wall had been noticed, the structures being all closely agglutinated by inflammation. Neither omentum nor coils of intestine were exposed to view in the operation. The latter were probably protected by the placenta, which was of large size and spread out over them. Having sponged out the cavity, the edges of the wound were loosely brought together by strips of plaster, and sponge having been placed over it, the whole was confined by an abdominal bandage.

On the fifth day the placenta loosened, and was removed *en masse.*

In three months the patient resumed her household avocations. Four months after the operation she menstruated, and has continued to do so regularly since.

Case II.—Another case of a similar nature occurred in the London Hospital, under the care of Dr. Ramsbotham and Mr. Adams; also reported in the *Medical Times and Gazette*, (July 21st, 1860,) and which we condense as follows:

The patient is a spare, somewhat delicate woman, 28 years of age. She was admitted about two months ago, having a large tumor occupying her abdomen, supposed to be the result of an extra-uterine fœtation. Her appearance was that of the seventh month of pregnancy, and on handling the abdomen, the

outlines of the fœtal limbs, head, and body, could be easily discovered.

She had been married eight years, but never conceived until February last. During the second, third and fourth months of pregnancy she was subject to attacks of severe, cramp-like pains in the right side of her body, which were irregular in the time of their occurrence and often made her feel sick. In June she quickened, her breasts enlarged, and she secreted milk. In the latter part of October she had a severe fall, and a few days after this the movements of the child, which had been constantly and distinctly felt, ceased. The following week was the termination of her period of natural gestation, within a week of the cessation of the movements of the infant a discharge of dark colored blood from the vagina commenced, but unattended by parturient pains, and in a few days it ceased. Within a month or two she had regained her usual health and menstruation commenced the following February.

After much consultation and severe deliberation over the case, an operation to remove the dead fœtus was performed by Mr. Adams. The patient having been brought under the influence of chloroform, an incision was made downwards and inwards from about two inches to the right of the umbilicus to about the same distance above the pubes. On dividing the abdominal layers no adhesions were found to exist. The omentum had to be drawn up before the tumor came into view. The tumor when exposed had a white glistening exterior. It was punctured, and about a pint of greenish yellow fluid, with flakes, escaped, not purulent nor fetid. The anterior wall of the cyst, which was thin and fibrous, was now freely exposed. The wound being a little enlarged, the fœtus was extracted. It was a full grown female, but little shrunken, and covered in parts with vernix caseosa. The funis was tied and cut. The placenta was easily seen and appeared to be large. It was examined both by Mr. Adams and Dr. Ramsbotham, but as it was adherent, no attempts were made to remove it. No intestines had been exposed during the operation. The cyst was carefully sponged out and the edges of the external wound brought together by sutures and strapping. The operation had been conducted as quickly as possible, and of course not the least gratification of scientific curiosity, as to the position of the cyst, attachment of the placenta, etc., had been permitted.

The case progressed very favorably. The cord came away on the fourth day, and at this time there was considerable discharge of grumous-looking matter, probably containing portions of disintegrated placenta. The greater part of the wound healed by first intention, and with the exception that a sinus is open, she is now (July 18th) well.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, AUGUST 11, 1860.

"THE GREAT UNWASHED."

There is at this time in the city of Philadelphia no want to the masses, in a sanitary way, so great as that of free or cheap popular conveniences for bathing and personal cleanliness. With two rivers of pure fresh water bounding the city, and with an unlimited supply of nature's great detergent distributed to even the poorest household, there is, withal, a great want of facilities for ablution among the classes whose habits make them need it most.

Without opportunity for general immersion of the body in water, the careless laborer will not take the trouble or spend the time requisite for complete washing of the entire surface, and real bathing conveniences are not usually fixtures in the dwellings of that class. The contracted space in which such persons are apt to be crowded, the air of which is vitiated by the animal exhalation which is continually taking place, and by the long unremoved cutaneous secretion, render washing of the surface more essential than among those who are favored by residence in large and ventilated apartments.

Physicians, and the few others whose occupations lead them familiarly into the domestic arrangements of the laboring and poorest classes of the community, can comprehend to what disgusting extent personal filthiness is often allowed. The frequent, almost usual, condition of those whose misfortunes or vices lead them into our elemosynary institutions, where a good cleansing bath is always a ceremony of initiation, is sufficient evidence of the general integumentary condition of that order of humanity. If the new-comer were not first

subjected to a thorough detergent course the parasitic population thus admitted would soon overwhelm as an Egyptian plague. Within a few days a stout laborer walked into the wards of the Philadelphia Hospital with a small ulcer on his leg, in which and its discharges numberless maggots were luxuriating.

Liebig has asserted that the enlightenment of a people can be measured by the amount of soap they consume, and we certainly believe it to be a great moral agent. Howsoever the use of soap may indicate the social elevation of a nation, the habit of bathing the skin is more prevalent among some nations which are only rated as half civilized. The most refined and elegant bathing arrangements have been copied from those of Turkey and Egypt. Personal ablution is not popular with the masses of the English and French people, and the greater proportion of the habitually unwashed among us are importations from the most enlightened nations of the earth. A modern writer on the bath has asserted "that a large proportion of the population of this country [England] never submitted themselves to an entire ablution in their lives, and many an octogenarian has sunk into his grave with the accumulated dirt of eighty years upon his skin!" Since this remark was made, much in a liberal spirit, worthy of our own imitation, has been done in England towards inculcating cleanly habits by popularizing bathing.

All that we need in this country is opportunity for the masses to bathe. There is not in the American people any hydrophobic inclination, on the contrary, as the craniologist would say, we have "aquativeness large." Such, indeed, would be inferred from a sight of perhaps a thousand excursionists in the water at once, as is sometimes seen at one of our popular watering places.

Although baths of a more public character prevailed in ancient times than at present, we are not disposed to believe that habits of personal cleanliness among the masses has decreased. In those days the dress worn next to the skin was of heavy handwrought material, or often of dressed skin or leather, which was costly, and could not, among the common people, be frequently changed or washed. The modern cheapness of wearing material, particularly of cotton fabric, makes a frequent renewal of the undergarments attainable by almost the poorest. Much cutaneous excretion is by such changing removed and the resort to the bath is thus to some extent rendered less imperative. The decrease or extermination of some loathsome forms of diseases which once prevailed epidemically, as if a natural retribution on personal foulness is evidence of improvement in this respect.

But the substitution of frequent change in apparel, though it may remove much of the cutaneous excretion, can never properly take the place of frequent ablution of the entire surface of the body, and the excretory orifices may remain hermetrically sealed beneath the purest vestment.

What is now most needed for the encouragement of personal cleanliness in the community is the establishment of extensive places where, *as a recreation*, facility for bathing and swimming can be freely obtained. The pleasure of the bath, with the exhilarating exercise of swimming, would be inducements to many to bathe who otherwise would not concern themselves about the condition of their skins. The rivers, either at their banks or, as in Paris, by means of floating bathing arrangements, would be most convenient places for their construction. A continued change of water can thus be most cheaply secured.

It is now not possible for the "greasy mechanic"—if he possess not the conveniences for a bath at home, and is disinclined to pay one-fourth of his day's wages for the privilege in an establishment for the purpose—to bathe or swim. At the city fronts on our rivers bathing is forbidden, and on the shores in the rural districts the bather is considered a trespasser.

Several attempts to popularize bathing and swimming have, in recent times, been started in this city, but as yet nothing practical has resulted. A new organization, from the position and liberality of those connected with it, promises something tangible in this way.

The subject is one in every aspect deserving public interest. To the philanthropist, the

opportunity of giving so much healthful enjoyment to the toiling people at a trifling cost is full inducement. To the physician, a hygienic view of it is sufficient. To the moralist, the association of pure morals with a clean person needs no better argument.

CORONER'S INQUESTS AND POST-MORTEM EXAMINATIONS.

The freeholders of the county of Essex, State of New Jersey, have made a great outcry about the enormous expense to which the county aforesaid is subject from the extravagant charges of the physicians for post mortem examinations. It is as illustrative of the shabby manner in which services of a liberal profession are frequently received and acknowledged by the political servants of the people, that we refer to this subject again, and make such remarks as we deem just and proper under the circumstances.

To set this matter in its true light, we must state that the physicians of Newark never refused to make a post-mortem examination, until the Board of Freeholders passed a resolution that in no case, and under no circumstances, should more than five dollars be paid for a post-mortem examination.

A case occurred in which it was absolutely impossible for one man to do the merely *mechanical* work of an autopsy. Disgustingly filthy, in an advanced state of decomposition, involving the question of drowning or death by violence, the physicians, called upon, declined to spend four or five hours in the examination of a body, for two dollars and a half a piece, with a prospect, perhaps, of attending upon a trial, and being bullied by cross-examining lawyers. They might, perhaps, have recovered a proper fee by suing the county. But it is, after all, a question whether this would have been the proper course.

However, the Auditing Committee of the Board of Freeholders, in their wisdom assembled, concluded to throw light upon the subject, and bring before the astonished community certain *figures*, which would show the awful amount paid for post-mortem examinations. Consequently they publish, officially, in the Newark Daily Advertiser, of August 2d, the following:

The Auditing Committee of the Board of Chosen Freeholders met on Wednesday, August 1st, and found the amount paid Coroners since May 9th, 1860, to be as follows:

Amzi J. Dean,	Coroner	$232 33
Charles W. Benjamin,	"	111 90
Ira Campbell,	"	12 84
Albert Matthews, Esq.,		16 62

Post-mortem examinations as follows:

Doctor G. S. Ward, 4 bills		$20 00
" J. J. Craven, 3 bills		15 00
" A. M. Mills, 3 bills		15 00
" E. D. G. Smith, 5 bills		25 00
" E. A. Pierson, 1 bill		5 00
" C. Eyrich, 1 bill		5 00
" F. Ill, 1 bill		5 00
" A. N. Dougherty, 5 bills, (including 2 of last year's,)		25 00
" J. A. Cross, 2 bills		10 00
Total amount		$495 69

A. C. GOULD,
WM. GARTHWAITE,
WM. H. WEBSTER,
Auditing Committee.

As here published, out of $495 69 expended for Coroner's inquests, the physicians received for post-mortem examinations $125. But this is a proportion not borne out by the facts. We must throw out two bills ($10) which were for last year; three bills ($15) paid to one who is not a physician, licensed according to the law of New Jersey, and whose bills the Auditing Committee ought to have rejected, and whom to call to make a legal post-mortem was a violation of the law of the State, on the part of the Coroner. This leaves the astonishing sum of $100 paid to physicians since May 9th—two months and a half—against $373 69 paid to Coroners. This is indeed a terrifying expenditure for a community of 100,000 inhabitants, to pay to those who serve more faithfully and with less remuneration the welfare of the commonwealth than any other class of citizens!

We understand that the Essex Medical Union have passed resolutions in favor of the position assumed by the physicians. This is

right. Yet *resolutions* are of no avail, unless every member is willing *to stand firm by them*, and not to yield in the least. A unanimous refusal to make post-mortems for the Coroners, which will speedily bring matters right; an ignoble triumph of the penurious, self-assumed dictatorship of the Board of Freeholders; or the long, protracted and expensive luxury of a suit, are the only alternatives left to the physicians of Newark and Essex county.

Which will they choose?

The profession of the country is deeply interested in this matter, and we have no doubt that, laying aside all past differences, and perhaps personal considerations, the profession of Essex County will yet stand up, as one man, for their rights, which are the rights of us all.

DEATH FROM CHLOROFORM.

Again we have to record a case of death from chloroform occurring in Bellevue Hospital, in New York, during a surgical operation, and offering another most forcible plea for the abandonment of chloroform and the substitution of *ether* in surgical practice, except in cases where ether has been tried and found to be incapable of producing anæsthesia.

In this case, as indeed in many others, the chloroform was administered, so the verdict says, with the utmost caution, yet suddenly the patient gave a few convulsive respirations and immediately expired. All efforts to restore him were unavailing.

Why should chloroform be continued to be given when its dangers have been so amply and so fearfully demonstrated and when in ether we have an article nearly as certain, although acting a little slower, but known to be attended with far less risk of life? It is true, we know, that it is a somewhat more tedious process to produce anæsthesia by ether than by chloroform; yet is there any surgeon's time *so* valuable that at the risk of his patient's life it must be used in preference to a safer article?

These are the questions which force themselves upon our attention, when again and again we are obliged to refer in our columns to "*deaths from chloroform.*" Let the profession ponder them well.

Correspondence.

The Middlesex Hospital—Its Endowments—Cases of Interest—Schools of London—Lecture Rooms.

London, July 16th, 1860.

Editors of Medical and Surgical Reporter.

GENTLEMEN:—I propose in my present letter to describe one of the modern London hospitals, called Middlesex Hospital. My visit to it was rendered much more agreeable and instructive, than it would otherwise have been, by the kindness of Mr. Henry, one of the surgeons.

This institution is chiefly distinguished from the others in London by the ventilation, which is very perfect, every precaution having been taken to keep the air constantly changing. The peculiar kind of window used is very useful to this end; every window being composed of three parts, each one movable on a hinge below, so that when partly opened, the current of air is divided into three parts, and each part directed upwards; thus enabling ventilation to be preserved, without the same danger of catching cold in cold weather, to which the patients are liable with the ordinary window sashes. The building is in the form of the letter H, the wards are wide, with windows on both sides of all of them, the ceilings also are high, and I was informed that erysipelas never spreads in the wards, the patients being as secure after operations as they would be in private practice.

Printed in large capitals over the main entrance are these words "supported by voluntary contributions;" and by inspection of the book, in which a list is kept of the contributors, (for their names are not spread out upon the walls, as in the Liverpool Infirmary,) I found some very large donations and bequests, the largest £26,000, or $125,000, and several of £1,000 to £5,000. There is also a box near the main entrance, in which any contributions of small amount may be placed.

There is accommodation for three hundred, but in the summer not near all the beds are filled—and at the time of my visit not more than one-half.

On the walls of the hall, I observed on entering, there were printed the names of the wards. I shall transcribe a few. "Clayton (accident) Percy. 1st floor. Founder, Pepys." "2d floor. Cambridge, Hertford. Mrs. Stafford, (Cancer.) Proudhoe, (uterine,)" &c.

The cancer ward is named after Mrs. Stafford, who, while alive, supported in the house a large num-

ber of cancer patients, and on her death bequeathed a sufficient sum to found a ward devoted to that disease alone, and where those afflicted could be retained until relieved by art or released by death.

In this hospital a plan is introduced which I have noticed likewise in others, that of having posted up on a board the names of the physicians and surgeons on duty, and likewise of those in the house at the time. At the Middlesex, each one has his name printed on a board, which is movable, and when the physician enters he turns out the side on which his name is printed: when he goes away he turns out the blank side.

When I reached the hospital, a patient had just been brought in, who had swallowed four fluid ounces of laudanum, and I saw them applying the galvanic battery to keep him awake. They had already pumped out his stomach with the stomach pump, as well as given him sulphate of zinc, and were then especially endeavoring to excite the motions of the diaphragm by applying one pole of the battery to the epigastrum, and the other about the neck. The man appeared to be little affected by all they could do, but before I left him a little consciousness seemed to be returning.

Another case of interest was one of stricture of the urethra, which Mr. Henry dilated by the use of an instrument which I had never seen employed before. It was called the *Dilator*, and may be described as a hollow sound, divided longitudinally into two parts, (which, however, could not be separated far,) and with a wire running down the centre, over which a hollow bougie could be pushed, which in this way would dilate the instrument after its introduction, and of course the stricture also. The *Dilator*, when introduced takes but very little room, and can be coaxed through a very narrow passage. The dilation appeared to give not much pain, and that only momentarily. Directions were given to allow it to remain for about a quarter of an hour, after which nothing more was to be done till the next day. Perhaps, what I am describing may be familiar to most of your readers, but as it was new to myself I have run the risk of writing of it.

The Middlesex Hospital has a few flowers, and some grass and trees enclosed for the use of the inmates. The first hospital which I saw in this country had not even a blade of grass to delight the eye; the next (Guy's) had grass, but no flowers; and the third has flowers. If every one I see, goes on improving in this ratio, I shall come at last to a rival of our own hospital at home. There is a deep trench all around the house with a sloping border, covered with grass, as in the Pennsylvania Hospital. It looked very homelike.

There is a school connected with the Middlesex Hospital, in the lecture room of which a lecture on botany was being delivered at the time of my visit. I think I did not mention in my last letter that on the occasion of my visit to Guy's, I entered the lecture room, and saw there pictures and preparations, which showed that a lecture on Zoology either had taken, or was about to take place. There are fifteen medical schools in London, and only eight hundred students. None of the operating theatres or lecture rooms which I have seen have been capable of seating more than one hundred persons.

I was very much pleased with the museum of the Middlesex Hospital. The wet preparations were beautifully put up. A thing worthy of notice was the series of preparations in wax, representing the human embryo in various stages of its existence. They were made by Tuson, and were admirably done. Another series represented the formation of the chick. A preparation was being made at the time of my visit, of the head of a child, who had died of hydrocephalus. The size of the cavity was enormous. One half of the skull was being prepared in the dry way, merely to represent the size and the manner in which the fontanelles had remained open. The other half was in alcohol, and showed the manner in which the brain had been flattened out, owing to the fluid in the ventricles.

In my next I shall describe some clinics.

Truly yours,

"M. D. ABROAD."

American Dental Association.

Washington City, D. C., Aug. 3d, 1860.

In pursuance of a notice given at Niagara Falls, in August of last year, the different state and local dental societies appointed delegates to meet in Washington, on Wednesday, the first inst., to form a National Association upon a representative basis.

A constitution, modeled after that of the American Medical Association, was submitted at that meeting, its final adoption to be deferred until the meeting in this city.

Representatives from the following named societies were present, "Washington City Dental Association," "Cincinnati Dental Association," "Georgia Dental Association," "Mad River Valley Dental Society," "Western Dental Society," "Indiana Dental Association," "Kentucky State Dental Association," "Pennsylvania Association of Dental Surgeons," "Pennsylvania College of Dental Surgery," "Kentucky Dental Association," "Mississippi Valley Association."

Upon a careful consideration of the proposed constitution, it was, after a few modifications adopted. An election for officers for the ensuing year was had, which resulted in the following choice; for President, Dr. Atkinson, of Cleveland, Ohio; first

Vice President, Dr. Gibbs, of Washington City, D. C.; second Vice President, Dr. Clark, of Savannah, Geo.; Recording Secretary, Dr. Taft, of Cin, cinnati, Ohio,; Corresponding Secretary, Dr. Rogers of Shelbyville, Ky. Standing committees were appointed, and various resolutions adopted, among which I would direct attention to the following: Upon motion of Dr. W. Muir Rogers, "Resolved, That this Association recommend to dental practitioners throughout the Union, the propriety of urging students under their tuition to prosecute a course of Collegiate Dental education, also that we feel the importance and necessity of a higher standard of literary and scientific attainments by the students of dentistry." Upon motion of Dr. W. W. Allport, of Chicago, Ill., "Resolved, That the American Dental Association respectfully recommend to Dental Colleges the necessity of their being more stringent in requiring of matriculants a higher order of general literary and scientific education, and a rigid enforcement of their standard requirements for graduation."

On Wednesday evening the members of the Association, through the hospitality of the dentists of Washington, assembled around a sumptuous repast at the National Hotel, and the due attention which they gave to the "things made and provided," was abundant evidence that if they do not in every respect regard the laws of health, they do at least keep the masticatory apparatus in order.

After an instructive and interesting session, on Thursday, all the business having been transacted, the first *American Dental Association* adjourned to meet in Cleveland, Ohio, on the last Tuesday of July, 1861. S.

Dr. Holmes' address again.

Philadelphia, Aug. 3, 1860.

Editors of the Medical and Surgical Reporter:

The late address of Dr. Oliver Wendell Holmes delivered before the Massachusetts Medical Society, has doubtless been read by the greater number of those practitioners among whom the pamphlet containing it has been distributed. Whether it will seriously affect their modes of practice cannot yet be determined, but a candid view of its subject matter inclines us to anticipate its effect on the waters of medical science as that of a tiny pebble heedlessly dropped on the surface of a ripling brook, which, producing a little commotion in its immediate vicinity at the moment of its fall, is immediately hidden from view by the very water it momentarily disturbed.

The design of the address in question seems to be to induce physicians to trust to nature in the cure of diseases rather than to the varied articles of the materia medica. He regrets that modes of treatment are changeable, not only as diseases vary, but also by the going out of fashion of special remedies by the decadence of a popular theory from which their fitnes was produced. This surely is no reason why other modes of treatment, substituted for the discarded plans, should not be adopted. Everything changes more or less with fashion. Human nature would not be natural were it otherwise; but when an article of real utility becomes fashionable, it remains in use long after other fashions, prevalent at the same time, have faded from memory.

Medicine can never become an exact science. No government can compel men to live in a particular manner, and regulate their diet and habits of cleanliness, so that they shall live as nature intended.

Life is everywhere more or less artificial, and with it health and disease must be more or less artificial, and the medicines intended to arrest disease and restore health must be guided accordingly. It is impossible to prescribe any arbitrary mode of treatment and adhere to it. This can be done (if deemed advisable) to some extent in public institutions, where those who are recipients of the benefits they afford, know before application that they must abide by certain regulations, and live according to them. In childrens' asylums, and the like, where the inmates are brought up from birth in a manner as near as may be to the designs of nature, they may receive nature's medicament when sick, did it not happen that those who live in accordance with nature's law, and are not exposed to vitiated airs, contagion and hereditary influences, never get sick, and consequently never require medical treatment.

But life is no longer natural. Men are subject to the consequences of the indiscretions of their ancestry, and, live as naturally as they can, something may occur to develope into a formidable disease some latent germ then generated with their being at the very moment of conception. All the *nature* in the world will not combat such disease, and recourse must be had to artificial medicament, and he who neglects it must be prepared to answer Him who asks, "What has become of thy brother?"

To leave a case of sickness to nature is an easy mode of ridding ones-self of the responsibility incurred on assuming the duties of the profession, but is it honest? and does it lessen the moral responsibility of him, who is either too indolent to think, or is wilfully negligent? we think not, and we are entitled to our own opinion.

The physician who leaves to nature a case which ultimately recovers, too often takes upon himself that credit which he should accord to nature; and boasts of the consequences of his apathy or indifference, as if his conduct were the result of deep investigation—a profound knowledge of human econo-

my, and an intimate acquaintance with nature's laws.

Nature is a most powerful recuperative agent, and often astonishes us by her power, but that does not justify a practitioner of medicine in trusting to her unassisted efforts. Nature too, often cures in spite of the doctor; but even this is no reason why he should not study disease, and the nature of every particle of matter which may be brought to bear on its cure.

We should not confine our Materia Medica to a limited number of articles, but embrace within its scope the whole earth and all its contents. We should carefully study the nature and effect of every substance, whatever its origin, with a view of ascertaining its restorative agencies. It is unnatural to suppose that the wise Being who presides over Creation, has placed anything upon the earth which is not subservient to the uses and necessities of those for whose especial benefit the earth was created; and it is not treating him with proper respect, to use no more forcible expression, not to study the application of the substances with which he has surrounded us.

As well might we trust to our natural means of progression in all cases where we wish to go from place to place, instead of availing ourselves of the application of the experience and research of former ages, which has provided us with locomotives and steamboats; and the analogy can be carried still farther, and have reference to every appliance of science and art, which now contributes to our spiritual, mental and physical comfort.

That we accept the whole world as our Materia Medica, is no reason why we should use it on every seeming occasion; but it enlarges our views to be able to employ any part of it that may be requisite, and gives us a greater degree of confidence in the exercise of that reason with which a munificent creator has endowed us, in order that we may improve it, which we cannot do without exercising it.

Had the Almighty intended us to adopt narrow views in reference to any subject presented to our judgment, it is not likely that He would have placed us upon such a bountiful and extensive earth, nor surrounded us with an indefinite variety of beauty, worth and intelligence. Our minds would have remained incapable of cultivation, and our soil and its contents would have answered less readily to the investigations of industry and experience.

Our minds are given us that we may exercise them, and such exercise is inconsistent with the admission of narrow views, even when they profess to be in accordance with nature.

The same principle is applicable to medicine.—The more enlightened nations are subject to an indefinite variety of complaints, brought on by a mode of life more or less unnatural, and being diversified, they require a diversity of treatment.

Savages suffer from few complaints, and when they are unwell, their organization suffers less acutely than more civilized races, and consequently, fewer appliances are necessary to restore their health; but even then, something more than nature is required, if only to occupy their mind, as is evinced in their practice of incantations, &c.

How much more should nature be assisted when those are sick whose lives are passed in less accordance with her received laws!

No one for a moment will imagine that it is our design to recommend a blind application of the resources of the Materia Medica, but we do not wish to have their value ignored. Rest, regulation of diet, habits of cleanliness, position, temperature, mental emotion and the like, are all necessary in the cure of disease; but when we accept the world as our Materia Medica, we include everything, and therefore these are curative agents, as well as cinchonia, mercury, and the hosts of articles that fill our dispensatories. They are often more potent in their action than any other article of the Materia Medica, and more certain in their results.

It is surely the duty of every man who enters the profession with the intention of applying himself to the prevention of disease, and its cure, to study everything which will enable him to practice his profession with justice to those from whom he gains his support; and he who fails to do this, or neglects it, does not join the ranks with a proper spirit, and is therefore unworthy to be counted among them.

C.

News and Miscellany.

The Radical Cure Truss.—We have recently seen the efficiency of a modification of the truss for the radical cure of hernia, which is made at McClenachan's bandage establishment in this city. A hard wooden pad is made adjustable by a ball and socket joint, which can be firmly fixed in any desired position by the turn of a screw. This instrument is not at all cumbersome, and possesses advantages over any other which we have seen.

We have received Lindsay & Blakiston's Visiting List, for 1861. This excellent little work, combining day book, cash book and ledger, besides being a general memorandum book, has been so many years before the profession that the simple mention of the fact that it is "out," is all that is necessary to call the attention of our readers to it.

Malpractice.—In a recent trial for malpractice, instituted against an English surgeon by his patient, for not treating him properly for an injury to the hip, Lord Chief Justice Erle made the following important remarks:

"The real question is not whether Mr. Herring was cured. It is the most intensely pernicious mistake to think that an action would lie against a medical man, because he does not cure his patient in every complaint. All that he is bound to do is, to have competent skill, and to use it to the best of his judgment. When he has done that he has done his duty, and he is not liable for any consequences which ensue, which may be utterly beyond the control of man. According to the exceedingly valuable evidence which has been given in favor of Mr. Hacon, when he attended this man he brought to bear upon his case a considerable degree of skill, and a disease supervened for which he is no more responsible than I am. If you are all of that opinion, a verdict will be taken for the defendant, which seems to me most satisfactory. A verdict was taken for the defendant."—*Med. Times and Gazette.*

Piperin in Intermittent Fever.—Dr. Meli, of Venice, from the results of numerous experiments, comes to the following conclusions:—1. The febrifuge power of piperin is both energetic and rapid. 2. Its activity is much greater than that of cinchona. 3. It is more convenient than cinchona, and its succedanea, exhibiting a great activity in a very small compass. 4. It neither changes, retards, nor suppresses any secretion or excretion. The alvine dejections are regularized, and the urinary secretion is rendered active.—*Presse Belge.*

Syrup of Iodohydrargyrate of Iodide of Iron.—M. Chamouu (*Répert. de Pharm.*, May, 1860,) suggests the union of iodide of iron and biniodide of mercury in the forms of syrup and pill: Take of biniodide of mercury 1 grain, syrup of iodide of iron 3,000 grains, triturate the biniodide with a portion of the syrup, until dissolved, and incorporate it with the remainder. There appears to be a combination between the two iodides.

A New Medical Journal is about to be issued at Columbus, Ohio, under the editorship of Dr. W. L McMillan, and we have no doubt that under his able management it will be a valuable exponent of our science.

The Address of the Pharmaceutists.—A very considerable number of the Pharmaceutists of this city, including among them most of the prominent in that profession, have determined to close their places of business on the Sabbath except before 9½ in the morning, between 1 and 3 in the afternoon, and from 9 to 10 in the evening.

That the public may properly comprehend the object of this movement, and give their aid in sustaining the Pharmaceutists in their effort to obtain the usual privileges of rest and worship, they have issued an address. They state that the stores are open from 16 to 17 hours daily throughout the entire year, beside being in readiness for calls at night, and we know of no other calling which requires such irksome and continued close attention. During the hours of closure it is suggested that application be made to the residence of the Pharmaceutists, or, as is sometimes necessary in the case of Physicians, he may be sent for to his place of worship.

It would be well for medical practitioners who will, we think, generally give their aid in sustaining this reasonable resolve, to recollect the above hours during which, except in extreme cases, the stores will not be accessible.

Hygiene of Cities.—In a communication to the Common Council of the City of Troy, N. Y., in reference to the erection of a much needed sewer in that city, *Dr. Thomas W. Blatchford*, Health officer, introduces his subject as follows:

"There are at least six conditions necessary in every city before its sanitary regulations can be expected even to anticipate an immunity from the prevalence of pestilential and epidemic diseases.

1st. A plentiful supply of good water.

2d. Paved streets, well crowned, with smooth and even gutters, affording a quick passage for surface water.

3d. Universal sewerage, deep, ample, smooth, circular.

4th. Speedy removal of all animal offal, without the escape of offensive effluvia.

5th. The entire inhibition of all swine, and

6th. Strict attention to cleanliness, as well on private premises as public thoroughfares."

Professor Carnochan, of New York, is suffering severely from a dissecting-wound in his hand, contracted while making a post-mortem examination. We wish the eminent surgeon a speedy recovery.

One of our city newspapers copies the following certificate, which it vouches for as a true one.

"I certify that ——— died this day of *cholera and phantom*, aged two months and 20 days.

Doctress ——— M. D.

We make no remarks, comment is unnecessary.

Handsome Gift.—A noble building for the Yale College Scientific School is on the point of completion at New Haven, Connecticut, at a cost of $50,000, the entire property being a gift from Joseph E. Sheffield, Esq.

We have read with interest some recent homœopathic "provings" of medicines. An article, the ordinary physiological effect of which is well known, is, in health, taken in one of the homœopathic infinitesimal, inappreciable, imperceptible, impalpable, invisible, microscopic, molecular, atomic doses, and the credulous investigator seats himself to watch patiently for startling allopathic effects of the potency.

Our interest has become so great that we have just taken up the study of homœopathy, and the result of our first lucubration is the suggestion of a few articles, the ordinary effects of which are well known, to be applied to the diseases annexed.

Diseases of the Head—Cabbage.
Diseases of the Neck—Hemp.
Lachrymation—Onions.
Flatulence—Beans.
Noctural Emuresis—Dandelion.
Tape Worm—Raw Pork.
Softening of the Brain—Homœopathic Theory.

—o—

Answers to Correspondents.

Dr. G. W. S.—There is no perfect scientific treatise, by an American or English author, on the subject of hygiene. Many valuable monographs, however, have been written, and are distributed among the Transactions of various medical and scientific societies.

In reference to the public *hygiene of cities*, we do not believe that "G. W. S." can find anything better or more complete than the various reports under that title in the Transactions of the Third National Quarantine and Sanitary Convention, especially that "On the Importance and Economy of Sanitary Measures to Cities," by Dr. John Bell, of this city. The volume may be obtained by applying, we suppose, to any one of the members of the Committee on Publication. Perhaps Drs. Jewell, of Philadelphia, and Griscom, of New York, could give most information on the subject.

Bequerels' work on hygiene is one of the best works on the subject in French. It has never been translated.

Dr. A. M. G., Alabama.—We shall shortly again resume full clinical and hospital reports. There is always a scarcity of this kind of material during the hot summer months, and a difficulty in working it up.

Dr. C. A. P.—The price of Althaus' book on Medical Electricity is $1 25, for which the publishers, Lindsay & Blakiston, of this city, will send it to you, postage prepaid.

COMMUNICATIONS RECEIVED.—*Delaware*, Dr. G. G. Chamberlain. By Dr. McNichol: Dr. Benj. B. Groves, [with encl.]—*Georgia*, Dr. G. R. Ramsay, [with encl.]—*Illinois*, Dr. C. A. Paul, [with encl.,] Dr. E. R. Crothers—*New York*: By Mr. Hulme, Drs. J. A. Skilton, J. P. Boyd, Vanderpool, [with encl.] Mr. J. Winchester, Mr. Wm. E. Chapman, (2;) Dr. O. C. Gibbs—*New Jersey*, Dr. A. N. Dougherty, Dr. G. Grant—*Ohio*, Dr. W. L. McMillan, [with encl.]—*Pennsylvania*, Dr. R. J. McClantchy, [with encl.,] Dr. G. W. Wimley, [with encl.,] Dr. Oberholzer, [with encl.]—*Vermont:* By Mr. Hulme, Dr. Luther Morseley, [with encl.]

Office Payments.—Drs. Evans, Whartonby, A. G. Heston, Dr. J. P. Hall, Mr. Baeder.

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1860-'61.

FACULTY.

B. HOWARD RAND, M. D., Professor of Chemistry.
HENRY HARTSHORNE, M. D., " Practice of Medicine.
LEWIS D. HARLOW, M. D., " Obstetrics, &c.
WILLIAM S. HALSEY, M. D., " Surgery.
WM. HEMBEL TAGGART, M. D., " Materia Medica.
JAMES AITKEN MEIGS, M. D., " Institutes of Medicine.
WM. H. GOBRECHT, M. D., " Anatomy.
THEODORE A. DEMMÉ, M. D., Demonstrator of Anatomy.

The session of 1860-'61 will commence on Monday, 8th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

The Rooms for Practical Anatomy will be open early in September.

A Medical, Surgical, and Obsterical Clinic, is held at the College every Wednesday and Saturday.

Each second course Student is furnished with a ticket to the Pennsylvania or Philadelphia Hospital, *free of charge.*

Examinations are conducted daily by each Professor in his Department.

☞ Instead of the usual Introductory Lectures there will be but *one general Introductory;* after which the regular Lectures of the course will commence *without delay.*

FEES.

Matriculation, (paid once only,) - - -	$5 00
For each Professor's Ticket, - - - - -	15 00
Graduation, - - - - - - - -	30 00

LEWIS D. HARLOW, M. D., *Dean,*
199—eowt01 *No.* 1023 *Vine, below* 11*th Street.*

J. JACOB TEUFEL,

MANUFACTURER OF

SURGICAL AND DENTAL

INSTRUMENTS AND TRUSSES.

103 South Eighth St., 3d door below Chestnut,

PHILADELPHIA.

☞ *A large assortment always on hand.* ☜ 816

DAILY WINTER EXAMINATIONS

IN CONNECTION WITH THE LECTURES

Delivered in the Jefferson Medical College

BY

D. D. RICHARDSON, M. D.,

Senior Resident Physician to Philadelphia Hospital, Blockley, and Demonstrator of Anatomy in Philadelphia School of Anatomy, and

JNO. W. LODGE, M. D.,

Formerly Resident Surgeon to Philadelphia Hospital, Blockley.

The Course of Instruction will embrace a full series of Examinations, which will be held each day at 9 A. M. and 3 P. M.

On the first of January the Review Examinations will be commenced, and continued during the lectures, thereby bringing the whole course delivered in *Jefferson Medical College* several times before the class, prior to their final examination by the Professors.

ORDER OF EXAMINATION.

Chemistry, Materia Medica, Obstetrics, } DR. RICHARDSON.

Physiology, Practice of Medicine, } DR. LODGE,

By arrangement, our Class will be admitted to Dr. Agnew's Examinations on Anatomy and Surgery.

Especial attention will be given to preparing students for the Medical Staff of the Army and Navy.

No effort will be spared in contributing to the thorough preparation pnd advancement of our class.

Dr. Richardson being Demonstrator of Anatomy at Dr. Agnew's, will enable him to assist the Class in their anatomical studies.

For further information, address

D. D. RICHARDSON, M. D.,
36 North Seventh Street, Philadelphia, Pa.

198—ew Fee for the whole Course, $30.

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1860–61.

FACULTY.

T. L. BUCKINGHAM, D.D.S.
Professor of Chemistry and Metallurgy.

J. H. McRUILLEN, D.D.S.
Professor of Anatomy and Physialogy.

WILLIAM CALVERT, D.D.S.
Professor of Mechanical Dentistry.

J. L. SUSSEROTT, D.D.S.
Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.
Professor of Dental Physiology and Operative Dentistry.

D. H. GOODWILLIE, D.D.S
Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S.
Demonstrator of Mechanical Dentistry.

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

For further information, address

W. CALVERT, Dean,
133 North Eleventh street,
197—ew13t Philadelphia.

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

Anatomical, Pathological, and Microscopical Preparations.

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS intrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood-cut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILLUSTRAION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION intrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS, M. D.
768 Florida street, Philadelphia

REFERENCES.

JOSEPH PANCOAST, M. D., Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.

D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.

ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.

J. DA COSTA, M. D., Physician to the Episcopal Hospital.

F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital

Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN,** No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved

RADICAL CURE and other TRUSSES,
FEMALE SUPPORTERS,
SHOULDER BRACES,
ELASTIC STOCKINGS,
SPINAL APPARATUS

For weak and curved spines, and

INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

ARTIFICIAL EYES.

PERSONS wanting ARTIFICIAL EYES can have them made to order, and inserted, without pain, by DR. OSMUN, Oculist, 1619 Chesnut street, Philadelphia.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

Sept. 18, 1860.

TO

Physicians and Druggists.

THE UNDERSIGNED, HAVING PERFECTED HIS ARRANGEMENTS FOR EXTENDING THE MANUFACTURE OF THE VARIOUS

HYPOPHOSPHITES,

[AFTER THE ORIGINAL FORMULA OF DR. CHURCHILL]

Is now prepared to supply the Medical Profession, and Druggists, with his *chemically-pure* and *reliable* Preparations of these SALTS, in all quantities, and at the shortest notice.

It must be obvious to every candid and thoughtful physician, that the importance of *pure remedies*, in the treatment of disease, cannot be overrated, or too strongly insisted upon; as, upon this *point*, absolutely depends their therapeutical value.

The professional, as well as non-professional person, who reads Dr. CHURCHILL'S TREATISE and the accompanying documents, with ordinary care, will at once perceive how essential it is that the HYPOPHOSPHITES should be perfectly free from excess of *lime, carbonates, phosphates, &c.*, the presence of which, *even in small quantities*, renders them "ENTIRELY UNFIT FOR MEDICAL USE."

In regard to my "Preparations," I need only refer to the uniform testimony of the Medical Profession in their favor, wherever they have been used. They are now considered THE STANDARD PREPARATIONS OF THE HYPOPHOSPHITES IN THE UNITED STATES.

WINCHESTER'S GENUINE PREPARATIONS.

Price List.---Terms Cash.

HYPOPHOSPHITES OF LIME AND SODA.....(combined).....	7-oz. bottles,		$1 00
" " " .....do.....	16-oz.	"	2 00
HYPOPHOSPHITE OF POTASSA.....	7-oz.	"	1 00
" MANGANESE.....	7-oz.	"	1 00
" QUININE.....	7-oz.	"	1 00

☞ Physicians and Druggists supplied by the dozen, or larger quantities, at the usual discount.

PURE SOLUTIONS OF THE SEPARATE SALTS.

For Physicians' Prescription Only.

HYPOPHOSPHITE OF LIME.....	6-oz. ground stoppered bottles,			$1 00
" SODA.....	6-oz.	"	"	1 00
" POTASSA.....	6-oz.	"	"	1 00
" MANGANESE.....	6-oz.	"	"	1 00
☞ Prices to the Trade, invariably, by the dozen.....				8 00

DRY SALTS.

HYPOPHOSPHITES OF LIME, SODA, AND POTASSA, each, per ounce, net..	$0 50
" MANGANESE.....	0 50
" QUININE, in ¼-oz. bottles.....	1 50

N. B.—The use of *Hypophosphite of Iron*, in Consumption and Chlorosis, is considered to be contra-indicated, and I do not, therefore, prepare this salt. (See opinions of Dr. CHURCHILL and M. TROUSSEAU, in TREATISE.)

☞ Orders for my Preparations can be addressed to either of the Wholesale Drug Houses of New York; to my Wholesale Agents, or to

J. WINCHESTER,

At the Sole General Depot, 43 John street, N. Y.

DR. CHURCHILL'S TREATISE ON CONSUMPTION.

Second Edition---With a Copious Appendix,

IS NOW READY, containing the Report of Dr. Quain, of the Brompton Consumption Hospital, London, adverse to the use of the Hypophosphites, with an Analysis of the Report, by the Publisher: also, the Chemistry of the Hypophosphites: Reports of Cases, by Drs. Townsend, Walton, Benj. Weeks, Gibbs, and numerous others in America: Dr Dickson, and others, of Great Britain—ALL sustaining Dr. CHURCHILL, and enthusiastically testifying to the INVARIABLE EFFICACY of his TREATMENT. Sent GRATIS to Physicians and Invalids. Address

J. WINCHESTER, Publisher, 43 John st. N. Y.

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS,

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Piils are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P.	$0 37½
Aloes et Assafœt: U. S. P.	37½
Aloes et Ferri	37½
Pulv: Aloes, Socot: ½ gr.	
" Zingib: Jam: 1 gr.	
Ferri Sulph: Exsic: 1 gr.	
Ext: Conii ½ gr.	
Aloes et Mastich: (See Pil: Stomachicæ)	37½
Aloes et Myrrhæ, U. S. P.	37½
Anderson's Scots:	37½
Pulv: Aloes Socot:	
" Sapon: Hispan:	
" Fruct: Colocynth:	
" Gambogiæ	
Oleum Anisi	
Anti-bilious (Vegetable)	37½
Pulv: Ext: Coloc: C: 2½ grs.	
Podophyllin ¼ gr.	
Assafœtidæ, U. S. P.	37½
Bismuth: Subnit: 3 grs.	37½
" Subcarb 3 grs.	37½
Calomel: 3 grs.	37½
" Comp: (Plummer's) 3 grs.	37½
Calomel	
Oxysulph Antimony	
Guaiacum Resin	
Calomel et Opii	37½
Calomel 2 grs.	
Opium 1 gr.	
Cathart: Comp: U. S. P.	37½
Cinchon: Sulph: 1½ grs.	50
Cook's, 3 grs.	37½
Pulv: Aloes Soc: 1 gr.	
" Rhei 1 gr.	
Calomel ½ gr.	
Sapo Hispan: ½ gr.	
Colocynthidis Comp: 3 grs.	37½
Ext: Coloc: Comp: U. S. P.	
Copaibæ, U. S. P. 3 grs.	37½
Copaibæ et Ext: Cubebæ	37½
Pil: Copaibæ, 3 grs,	
Ext: Cubebæ 1 gr.	
Copaibæ Comp:	37½
Pil: Copaib:	
Resin Guaiac:	
Ferri Cit:	
Ext: Cubeb:	
Fel Bovinum,	50
Inspisated Oxgall 2 gr.	
Powd: Jamaica Ginger, 1 gr.	
Ferri (Quevenne's) 1 gr.	37½
Ferri Carb: (Vallett's) U. S. P. 3 grs.	37½
Ferri Citrat: 2 grs.	37½
Ferri Comp: U. S. P.	37½
Ferri Iodid: 1 gr.	50
Ferri Lactat: 1 gr.	37½
Ferri et Strychniæ	62½
Strychniæ 1-60 gr.	
Ferrum per Hydrogen (Quevenne's) 2 gr.	

PIL: Ferri Valer: 1 gr.	75
Ferri et Quin: Cit: 1 gr.	50
Ferri et Strychniæ Cit: 1 gr.	37½
Strychnia Cit: 1-50 gr.	
Ferri Cit: 1 gr	
Galbani Comp: U. S. P.	37½
Hooper (Female Pills)	37½
Hydrargyri, U. S. P. 3 grs.	37½
Ipecac et Opii, 3½ grs.	37½
Pulv: Doveri, U. S. P.	
Opiii, U. S. P. 1 gr.	37½
Opii et Camphoræ	50
Pulv: Opii, 1 gr.	
Camphoræ, 2 grs.	
Opii et Plumbi Acet:	37½
Pulv: Opii, ½ gr.	
Plumbi Acct: 1½ grs.	
Quiniæ Sulph: 1 gr.	75
Quiniæ Sulph: 2 grs.	1 25
Quiniæ Comp:	1 00
Quin: Sulph: 1 gr.	
Ferrum per Hydrogen (Quevenne's) 1 gr.	
Acid Arsenious 1-60 gr.	
Quiniæ et Ext: Belladon:	62½
Quiniæ Sulph: 1 gr.	
Ext: Belladon: ½ gr.	
Rhei, U. S. P.	37½
Rhei Comp: U. S. P.	37½
Scillæ Comp: U. S. P.	37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr.	37½
Pulv: Aloe Scott:	
Gum: Mastich:	
Flor: Rosæ	
Zinci Valerian: 1 gr.	75
GRANULES, Acid: Arsenious, 1-20 gr.	25
" " 1-50 gr.	25
Aconitia, 1-60 gr.	50
Atropia, 1-60 gr.	50
Corrosive Sublimate, 1-12 gr.	25
Digitalin, 1-60 gr.	50
Elaterium (Clutterbuck's) 1-10 gr.	38
Extract Belladonna, Eng: ¼ gr.	25
" Cannabis Indica, ¼ gr.	37½
" Hyoscyamus, Eng: ½ gr.	25
" Nux Vomica, ½ gr.	37½
Mercury Iodide, ¼ gr.	25
" Red, 1-16 gr.	25
Morphia Sulphate, 1-10 gr.	37½
" " 1-6 gr.	50
" Valerianate, ⅛ gr.	62½
Quinia Valerianate, ½ gr.	1 00
Silver Nitrate, ¼ gr.	37½
Strychnia, 1-20 gr.	37½
" 1-40 gr.	37½
Veratia Sulphate, 1-12 gr.	37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 180, 1y

J. M. MIGEOD,

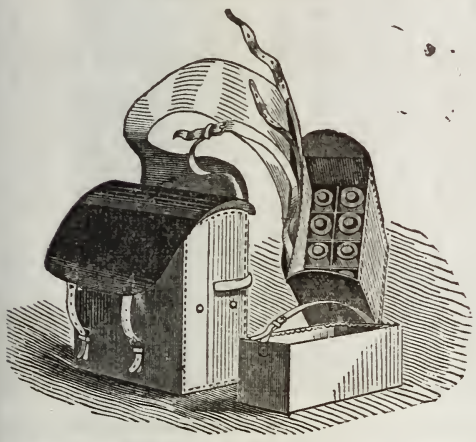
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50
No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50
No. 3, containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " 9 50
No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottle
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" 4 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

DENTAL INSTRUMENTS—TEETH.

JOHN KLINE,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, FINDINGS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 188

COLLEGE OF PHYSICIANS AND SURGEONS,

CORNER 23D STREET AND FOURTH AVENUE,

NEW YORK.

FIFTY-FOURTH SESSION 1860–'61

EDWARD DELAFIELD, M. D., President of the College, and Professor Emeritus of Obstetrics.

ALEXANDER H. STEVENS, M. D., LL.D, Professor Emeritus of Clinical Surgery.

JOHN TORREY, M. D, LL.D., Professor Emeritus of Chemistry and Botany.

JOSEPH MATHER SMITH, M. D., Professor of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudenca.

ALONZO CLARK, M. D., Professor of Pathology and Practical Medicine.

JOHN C. DALTON, JR., M. D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Professor of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOTT, M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy and Curator of the College Museum.

The Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures, $105. Graduation Fee, $25. Demonstrator's Fee, $5. Matriculation Fee, $5.

JOHN C. DALTON, JR., M. D.,
Secretary of the Faculty.

192—3m.

A COURSE OF INSTRUCTION IN ANALYTICAL CHEMISTRY, therapeutical and practical, and with the especial view to the wants of the physician, will be commenced early in July. The course will close with the Analysis of Animal Fluids, Blood, Urine, &c.

Applications to be made at the laboratory of

J. M. MAISCH,
800 Arch Street.

Organic and Inorganic Analyses promptly attended to. 190

TRUSS

AND

BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

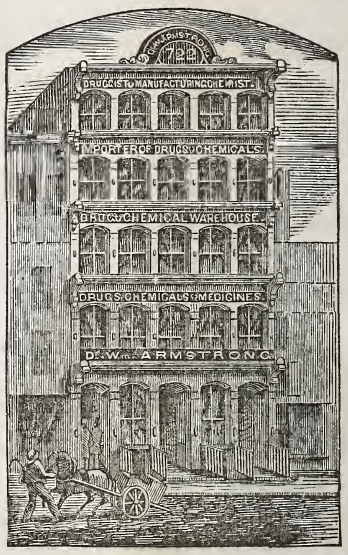
embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with above, with flattering results. 175

DR. WM. ARMSTRONG'S DEPOT

For Indigenous and Foreign Medicinal Roots, Herbs, Barks, Flowers, Seeds, &c.
PRESSED IN POUND, HALF LB. AND OZ. PACKAGES OR IN BULK.



Also a General Assortment of Concentrated Medicines, from the Laboratories of MESSRS. KEITH & CO., N. Y., AND WILLIAM S. MERRILL & CO., O.

With the character of the separate Active Principles, the Average doses, and Prices Annexed.

Powders.	Principles.	Av. dose in grs.	Price per oz.
Ampelopsin	Res. Rd. Neut.	2 to 5	1 50
Alnuin	Res. Rd. Neut.	2 to 10	75
Apocynin	Rd. Res. Neut.	½ to 3	2 00
Asclepin	Rd. Neut.	1 to 5	1 50
Baptisin	Res. Neut	1 to 8	1 00
Barosmin	Res. Neut.	1 to 3	2 00
Caulophylin	Rd. Neut.	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut.	2 to 5	1 25
Chimaphilin	Res. Rd. Neut.	2 to 5	1 00
Collinsonin	Res. Neut.	2 to 5	2 00
Colocynthin	Rd.	½ to 2	2 00
Cornin	Rd. Neut.	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut.	1 to 3	3 00
Cypripedin	Rd. Neut.	2 to 4	1 00
Digitalin	Rd. Alk. two Neut.	⅛ to ½	1 50
Dioscorein	Res. Neut. M. R.	2 to 5	1 50
Enonymin	Rd. Alk. Neut.	1 to 4	2 00
Enphorbin	Rd. Neut.	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk.	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk.	2 to 5	1 50
Fraserin	Res. Neut. and M. R.	2 to 10	1 00
Gelsemin	Rd. Alk. Neut.	¼ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd. Neut.	3 to 8	2 00
Hamamelin	Res. Neut.	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut.	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut.	⅛ to ½	2 50
Irisin	Res. Rd. Alk. Neut.	1 to 3	1 00
Jalapin	Res.	2 to 5	1 50
Juglandin	Rd. Neut.	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut.	2 to 5	60
Lupulin	Res. Rd. Neut.	1 to 4	75
Lycopin	Rd. Neut.	1 to 4	1 00
Macrotin	Rd. Alk. Neut.	½ to 2	60
Menispermin	Rd. Alk. Neut.	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut.	½ to 3	1 00
Podophyllin	Rd. Alk. Neut.	½ to 3	60
Populin	Rd. Neut.	2 to 5	50
Prunin	Rd. Neut. Amyg.	1 to 3	75

All the articles mentioned in the Catalogue are reliable. Orders from Physicians, Druggists, and others punctually attended to and sent to all parts of the United States, by addressing

DR. WILLIAM ARMSTRONG,
722 Market Street, Philada.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 200. } PHILADELPHIA, AUGUST 18, 1860. { NEW SERIES VOL. IV. NO. 20.

ORIGINAL DEPARTMENT.

Communications.

Operation for Bow-legs by the subcutaneous Section of the Tendons of the Musculus semi-membranosus and semi-tendinosus, with Cases.

By A. G. Walter, M. D.

Of Pittsburgh, Pa.

The restoration of deformed knee-joint, under the name of "knock-knee," by subcutaneous division of the tendon of the biceps femoris, with subsequent gradual extension, having been noticed in a former communication, the *opposite* malformation, commonly called "*bow leg*," which is likewise owing to structural contraction of the tendons attached to the *upper* and *inner part* of the tibia, will next claim attention.

As the ankle-joint assumes different phases in its deformed condition, (the most frequent being varus and valgus,) produced by structural contraction of the antagonistic sets of muscles inserted into the foot, so the knee joint presents two prominent species of deformity: the one as "knock-knee," simulating that of *valgus*, which is of less frequent occurrence, the other of "*bow leg*," representing the deformity of *varus*, being more frequently observed. In the former the patient walks on the inner side of the feet, with the toes everted as in valgus, while in the latter the toes incline somewhat inward, the foot resting rather on its outside during locomotion. This analogy between the varieties of deformed knees and feet may be completed by comparing *pes equinus* to structural *flexion* of the knee-joint, and *pes calcaneus* to that *relaxation of the knee-joint backwards*, which we notice in subparalytic limbs, and in the extreme grades of pes varus. Thus the four species of deformed feet find their representations in the four varieties of deformed knee joints, each of which depends on structural contraction of one particular set of muscles, overbalancing in their action that of the opposite ones, which in consequence of some traumatic injury, or of paralytic affection either complete or partial, have lost their natural function. There is another analogy between the deformities of the foot and the knee-joint not the less interesting, for knock knee like valgus is not as frequent as bow leg and varus, the malformation of the feet, however, being more numerous than those of the knees. Girls too are less frequently afflicted with this deformity than boys. Bow legs like *varus*, afflicting mostly both legs, is oftener congenital, while knock knee like *valgus*, one limb either alone suffering, or if both are affected, one showing the deformity in a more marked degree, is generally acquired. Flexion of the knee like *pes equinus* is mostly accidental, as is the bulging backwards of the knee joint and the corresponding deformity of *pes calcaneus*. At times, through rarely, bow leg and knock-knee are found in the same individual corresponding to the simultaneous affliction of varus and valgus, both being induced by accidental causes.

As in the deformity of the foot the tibia and fibula retain their natural position, while the foot is displaced, so in the malformations of the knee joint too, the femur remains stationary, while the crus is altered in its direction.

Thus guided by analogy between deformed

feet and knees, and inquiring into the causes and natures of the different species of deformed members we were led to adopt a *new* practice of restoring the knee-joint, ancient and modern surgery having failed to advise sufficient means of relief.

Having theoretically established this analogy between the different varieties of deformed feet and knees, practical illustration needs to be produced confirmatory of the soundness of theoretical reasoning.

Knock-knees having yielded to subcutaneous section of the biceps femoris, flexed knees having long been successfully restored by tenotomy, the bulging of the knee joint backwards will finds its relief by imparting tonicity to the elongated flexor tendons, with subcutaneous section of the rectus femoris, (if structurally constructed,) and "bow-legs" will be remedied by tenotomy of the semi-membranosus and tendinosus, as the report of cases will prove.

In viewing the deformity of bow leg, while the patient is walking with his knees widely seperated, the feet naturally approaching each other, toes pointing inwards, the outer edge of the foot firmly pressing upon the ground, the body swinging from side to side, while the lower limbs with knees stiffened describe a semi-circle, it will appear to be owing to unnatural outward curvature of the ossa femoris and cruris, rather than to any defect of the knee joint.

This apparent curvature of the bones, which to some extent, at times, at least in the tibia, is real without producing the deformity under consideration, and often disappears spontaneously, has no doubt been the cause of the nature of the deformity having *so long* been overlooked.

This being the condition in the erect position of the body, there appears but little prospect of relief, as no contraction of the flexor tendons is perceptible, (the knee joint merely making an outward curvature with its articulatory facets changed as the position of the joint would indicate,) and as attempts of redressing the curvature, by forcing the knee joint inwards, completely fail. During flexion, however, all deformity disappears, the knees approaching each other naturally. In examining the limbs then in this position, the real nature of the case suggested itself; for when the knee joint is held flexed, and the head of the tibia semirotated from within outward, a grating in the joint is felt, and with it a conspicuous tension of the semi-membranosus and semi-tendinosus. This tension disappears again when the knee joint, while flexed, is allowed to resume its former semi-rotating position. *Semi-rotation therefore of the head of the tibia, inwards and backwards*, induced perhaps by the position of the limbs *in utero*, and followed by structural contraction of the flexor muscles, which are inserted into the upper and inner part of the tibia, and disconnected with any debilitating agency—the children's limbs thus affected generally begin fleshy,—is *the essential cause* of this deformity, which can only be remedied by tenotomy.

It may seem singular that in the *extended position*, being that, where deformity is apparent, the tension of the inner flexor muscles should *not* be detected, and that *during flexion* in which the curvature disappears, the resistance of the two flexor muscles becomes discoverable, but *only* by semi-rotating outwards the head of the tibia, which brings the articulatory surfaces of femur and crus into their relative natural position. Considering, however, that the amount of shortening of the implicated tendons is but small, it can only be made apparent, by placing the joint while flexed in its exactly natural position. By overlooking the semi-rotated position of the tibia, structural shortening of the inner flexor tendons will be sought after in vain, which however becomes palpable at the moment that the tibia is semi-rotated outwards, and its inner and posterior surface of the internal condyle of the femur,—the very reverse position of that in knock knee.

In bow-legs there is diastasis between the tibia and femur at the outer side of the knee-joint, while in knock-knee the opposite condition holds good. Children afflicted with knock-knees are liable to fall, those with bow-

legs are less so, as the knee-joints are held stiff in walking and running.

Orthopædical means having been found powerless in redressing this malformation, section of a V-shaped piece from the upper and outer part of the tibia, like that put into practice for knock-knees by a European surgeon, may in aggravated cases be proposed. Few, *very few*, however, would be the patients willing to undergo the dangers and sufferings in consequence of it.

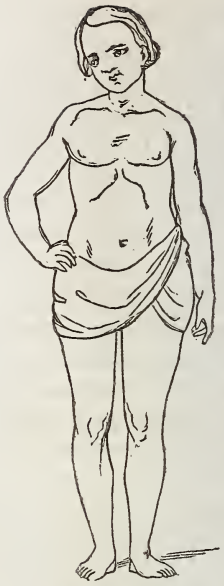
Tenotomy, however, entirely supersedes the necessity of any harsh or painful measures for the relief of the deformity, as the narration of the following cases confirmatory of the soundness of the above practice will plainly prove.

Albert Gœhring, a lad of 5 years of age, of Birmingham, Pa., born healthy, and thriving, soon began to show an unnatural curvature outwards of both lower limbs, which, increasing with his growth, became a source of great anxiety to his parents; though being persuaded that the deformity was seated in the shafts of the femur and crus, and would ultimately rectify itself. The little fellow grew tolerably active, his limbs however remaining curved, with the peculiar swinging motion of the body, its disproportion in size to that of the lower limbs, which were firm and fleshy, knees widely separated and apparently stiff, while the feet naturally approached each other. Having satisfied ourself that semirotation of the head of the tibia inwards and backwards, in consequence of structural contraction of the tendons of the semi-membranosus and semi-tendinosus, was the cause of the unnatural curvation of the articulation, those tendons were divided subcutaneously by a single puncture, above their insertion into the tibia, on December 13, 1858, a hollow cushioned splint was applied from below the groin to below the inner ankle, and confined there by a bandage from below upwards. No febrile reaction following, a few days after, gradual pressure by the turns of a roller was exerted upon the knee-joint, approximating it closer and closer to the splint. It was gratifying to observe the steady painless yielding of the joint to the increase of pressure, which had been found unavailing without tenotomy, as the semi-membranosus and semi-tendinosus, not yielding to extension, would rotate the knee inwards and backwards, and thus bend the joint. At the expiration of two weeks, the articulation was restored to its natural line. A long pasteboard splint was then substituted for the tin one, which was confined to the limbs by a roller, and the patient allowed the use of his limbs. A few weeks later, an apparatus with a joint at the knee and ankle was then applied to his shoes. This was continued for five months, then left off by his parents, the deformity being effectually relieved. At the present date, the boy is very active, no trace whatever of any deformity being noticeable. The peculiar grating, so perceptible before the operation on rotating the tibia while the knee was held in a bent position, has entirely disappeared.

George Porter, of Pittsburgh, 6 years of age, well developed in body and limbs, when a few months old, appeared afflicted with excursation of the knee-joint to such a degree that the parents' apprehensions could not be allayed by medical persuasions. The limbs were bound up in splints which were kept on for many months, harassing the little patient without aiding in the least in the rectification of the deformity. The boy began to walk at the usual time, the curvature however with his growth increasing. Our assistance being requested, the ossa femoris and cruris were found normal. Semi-rotation of the caput tibiæ in—and backwards, from rigidity of the inside flexor tendons of the knee being the cause of the infirmity. On February 16, 1859, these tendons were subcutaneously divided. Restoration of the affected joint was accomplished in three weeks, walking was then permitted, the limbs being supported by an orthopædical apparatus. This was worn for 5 months, then discontinued, the limbs appearing normal. The deformity not having returned at present, the case must be considered complete.

GEORGE PORTER.

Before the Operation.



After the Operation.

Alfred Koethen, 4 years of age, of Allegheny city, a sprightly boy of unusual activity, was bow-legged from infancy. Numerous were the appliances which had been resorted to with the view of redressing the deformity. Disappointment, however, was always the result. Growing heartily and being unusually active, the knees became more and more separated, being nine inches apart in the extended position. He appeared diminutive, the body being disproportionate to the size of the lower limbs. Flexing the knee-joint removed the deformity, but it returned on the joint being extended; femora and crura being normal. Relief was speedily and effectually afforded by tenotomy of the tendo musculi semi-membranosus and semi-tendinosus, on January 7, 1859. The little fellow began to walk in 10 days after, and left off the apparatus four months later. His limbs being restored to their natural position, have remained perfect ever since.

Peter Carson, 6½ years of age, colored, of Pittsburg, Pa., born bow-legged and scrofulous. Though not active, the deformity has nevertheless increased since. The knees are wide apart; cannot be approximated less than 8 inches; the left knee the most curved; the ossa cruris and femoris more than usually bent. During flexion of the joint, the knees approach each other naturally, while during extension they again recede.

Tenotomy of the inner flexor tendons was performed on December 20, 1859, ether being used, the joint steadily and gradually afterwards yielding to gently extending force. A few weeks after, his limbs being bound up in a pasteboard splint, locomotion was commenced. The orthopædical apparatus was worn for five months, being then no longer needed. The boy has walked well ever since, his limbs being restored to their normal shape, strength and usefulness.

Frederica Graber, 3½ years old, of Pittsburg, born well formed, though of scrofulous constitution. Was scalded with hot milk on her breast, a year ago, cicatrization being tedious and protracted. Soon after, lateral deviation of both knees manifested itself, the right one as knock-knee, the left as bow-leg; the deformity gradually and steadily increasing. The right foot has assumed the appearance of valgus, the left one that of varus in its milder form. While walking she leans to her right side. Notwithstanding the extent of malformation of the lower limbs, she is able

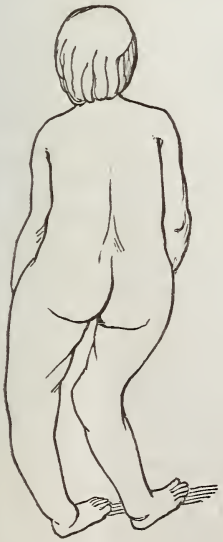
to walk, though falling frequently. On December 27, 1858, the tendo bicipit. femoris of the right limb, and the tendo semi-membranos. and semi-tendinos. of the left one, were subcutaneously divided; gradual extension was commenced a few days after, and continued for two weeks, when the natural line of the knee joints being restored, a supporting apparatus was attached to her shoes, full liberty of walking being allowed. At the end of six months the support was left off, the joints being able to bear the weight of the boby. She can now walk and run with ease and comfort, no vestige of the former deformity remaining.

FREDERICA GRABER.

Before the Operation.

After the Operation.

POSTERIOR VIEW.



Such being the result of tenotomy, aided by subsequent gradual extension, speedily, painlessly and efficiently obtained, I feel gratified to proclaim its success in the removal of a deformity, alike disagreeable and burdensome, which modern surgery has failed to remedy. The more simple the means of relief and the more speedy of success, the greater are its merits. This tenotomy claims for the deformity under consideration. Speedy of execution unaccompanied by pain, and bloodless, prompt in its effects, and free from all risks, it is likely to remain *foremost* in the ranks of modern operative measures.

The present State of Ophthalmoscopy.

By Max Kuechler, M. D.
Of Newark, N. J.

No. 3.

Opacities of the Crystaline Lens.—In order to determine accurately pathological changes of the crystalline lense, the use of mydriatica, in order to dilate the pupil, is justified.

A complete lenticular cataract, be it hard or soft, becomes an object of ophthalmoscopy only in so far, as we can convince ourselves by the oblique illumination that there are no clear unopaque portions of the lens left. But of very great service is ophthalmoscopy in the earlier stages of cataracts.

From the concurring statements of Förster, of Breslau, who made dissections of seventy-two eyes with commencing opacities of the lens and Malgaigne, who made sixty, we have arrived at the fact, that cataracts generally, and especially those of old age, but very rarely commence in the centre of the lens, Förster having found only one purely central cataract, and Malgaigne none. Hence only the cortical and laminated cataracts are of special practical value to ophthalmoscopy.

Opacity of the cortical substance of the crystaline lens presents various forms. The

radiate cortical cataract shows itself in rays curving around the equator of the lens, which appear the broader the farther and the more rapidly the disease has advanced.

This affection is best and most clearly re-

cognized by the lateral illumination, and it can readily be seen where the various broad, opaque radii are imbedded in the clear substance of the lens.

Another pathological change of the lens consists of small puncti-form opacities, appearing like drops in the cortical substance of the lens. On examination with the ophthalmoscope, they may readily escape the observer, but with the oblique illumination they become strongly marked, presenting a blueish or greyish color.

A third form of opacity of the cortical substance is surely present, if either by the oblique illumination, or with the mirror, *three* dark spots are seen in the otherwise clear lens. The arrangement of these dark spots permits us to determine accurately whether the opacity is situated in the anterior, or the posterior cortical substance. If two of these dark spots appear in a horizontal direction upward, ⁘ the opacity is in the anterior cortical substance; if downward in a horizontal line, ∴ then the opacity is in the posterior cortical substance.

Two years ago I saw a case where these three dark dots, ⁘ of the anterior cortical cataract, spanned as it were, a brownish film. This little film is so transparent, that

the back-ground of the eye may be seen through it with the ophthalmoscope, although it throws a light shadow upon it. I consider it as an opacity of the most superficial layer of the cortical substance.

The laminated cataract has its name from the circumstance that one or more opaque layers are imbedded on the surface, or elsewhere in the substance of the lens. The form of the laminæ is very variable. Ordinarily but one lamina renders the lens opaque; Graefe, however, in the Archiv fuer Ophthalmologie, Bd. ii. Abtheil. p. 272, has described a double, and Mueller, of Aldenburg, (Mittheilungen aus der Praxis,) p. 66, double and even triple laminated cataract. In reference to their ophthalmoscopic examination, I will be allowed to quote the following from an article of

Prof. Graefe, on the linear extraction of the lenticular cataract, Archiv, vol. I. Abtheil. 2. p. 236.

"In an ophthalmoscopic examination, the whole rounded margin of the opaque layer appears dark, sharply defined; when the light, however, strikes it perpendicularly, it appears in the central parts, provided the opacity is not too complete, brownish red, translucent, proving the translucency of its nucleus. An important ophthalmologic difference depends upon whether the cataract is stationary, or slowly progressive. In the first case, the cortical substance around the margin of the opacity is perfectly clear, so that we can generally see and examine precisely the objects in the fundus of the eye, although the field of illumination is more limited; while in progressive laminated cataract, the cortical substance is permiated by finely punctated, in short radiated opacities." This short description of Graefe sufficiently explains the ophthalmoscopic picture seen in these cases.

A further object in the ophthalmoscopy of the opaque lens is the so-called *arcus senilis lentis*. This is to be examined, the pupil being

largely dilated with atropine, by means of the lateral illumination, when we see often the whole equator of the lens lined by a yellowish and serrated opacity.

Opacities of the posterior half of the lens are studied with the lateral illumination, while the eye is made to move in various directions. We then see the anterior portion of the lens clear and transparent, while the posterior half is either partially, or completely opaque.

(*To be continued.*)

On Hæmatine and its Detection.

By J. F. Heller, M. D.

(Translated from "Zeitschrift der Aertzte" of Vienna, by J. M. Maisch, of Philadelphia.)

(Continued from page 397.)

Detection of Blood and Hæmatine in Urine. The color of urine is visibly changed by blood only in case its quantity has not been too small. In the sediment we may frequently find blood-cells without observing any red color. The blood-red color is strongly marked in urine which contains much urophæine, though by the addition of blood, we may be positive of its presence. On the other hand, we meet with urine or sediments possessing, from pathological causes, a blood-red color, which even the most experienced would be unable to recognise as arising from blood, without the aid of a chemical analysis. We have to mention, therefore, those cases in which the color of the urine or the sediment resembles that occasioned by blood.

It is particularly necessary to pay attention to the reaction with litmus, and to the specific gravity. We shall find that alkaline carbonates, particularly ammonia, change vegetable colors. Blood cells will dissolve in urine of low specific gravity, particularly if below 1.010, and cannot then be detected in the sediment by the microscope. The same is the case in such heavily pathological urines, when in retention of urine blood has been collected for some time, and macerated before it was excreted with the urine. I have observed this in scurvy, and in two cases of ruptura renum.

I. Detection of blood in urinous sediments.

The following red sediments have been observed:

1. In heavy, not red urine, blood cells.

2. Urate of ammonia or soda, colored red by urœrythrine.

3. Similar sediments of pus, with a small quantity of blood-cells.

4. In alkaline urine, pale or rose-red sediments, after the use of rhubarb, senna, santonine, logwood.

Ad 1. Sediments in hemorrhages, consisting only of blood-cells, are never rose-colored, but always of a deep blood red. Under the microscope they are shown to consist either entirely, or mostly, of blood-cells. Their presence is shown chemically by the general reactions of hæmatine to be mentioned hereafter. They dissolve in distilled water, yielding a light red solution. The urine is albuminous.

Ad 2 and 3. These sediments are distinguished as follows: A little is boiled with distilled water in a wide test tube. The urates, with urœrythrine, dissolve with a yellow

color, and a rose-red precipitate is thrown down by sugar of lead. The sediment of pus remains turbid. Agitated with cold water, the filtered solution is red, and shows the reaction of hæmatine. Besides, pus may be tested for by potassa. If it is present, the red color is most likely caused by blood, inasmuch as pus-sediments contain but rarely urates and urœrythrine.

Ad 4. In the above cases, the earthy phosphates are precipitated from the alkaline urine, together with some of the pigment. It is readily recognized by acetic acid, which dissolves the sediment, forming a yellow color, which changes to red by ammonia. Collected upon a filter, the phosphates turn violet on exposure to the air. The red supernatant urine is rendered yellow by acids.

II. Detection of blood in urine.

The presence of iron in the ashes of the tincture obtained by acidulated alcohol, has so far been considered as sufficient proof of the presence of blood. I reject this test as unreliable, urophæine having the same behavior.

Urine may be colored red—

1. By dissolved blood; reaction acid, or alkaline.

2. By much urœrythrine; reaction acid, or alkaline.

3. By the pigment of rhubarb, senna, santonine, logwood; reaction alkaline.

Urine may be of a greyish brown, deep brown, almost inky color.

1. By macerated blood in presence of hydrosulphate and carbonate of ammonia.

2. By blood and biliary coloring matter.

3. By decomposed biliphæine.

4. By much uroglaucine and urrhodine; reaction alkaline.

5. By constituents of tar after embrocations of tar.

6. By much urophæine, besides urœrythrine, for instance in granulated liver.

The urine is subjected to the following tests:

1. It is tested for albumen, its abscence excludes blood.

2. The coagulated albumen is allowed to settle; it is reddish or rust-brown if blood is present, and the red color of the urine disappears, leaving a lighter or deeper yellow. If it does not contain enough albumen, some white of eggs is added. The dried coagulum is yellow, if free of hæmatine; brownish black, if even but little is present; this reaction was recommended by Francis Simon, and gives good results; the hæmatine may afterwards be extracted by acidulated alcohol.

3. The following very delicate test was observed by me. The urine is boiled in a test tube, and a concentrated solution of potassa is then added, which dissolves the albumen, and if hæmatine is present, produces a more or less bottle-green coloration. The heating is continued for a short time; the earthy phosphates are now precipitated together with the hæmatine, either floating on the surface or settling below with a brownish or blood-red color, which in the light frequently show a dichroism in green; after settling, the precipitate appears light blood-red, and under the microscope as a yellow amorphous mass. In a few days, the precipitate is again decolorized from above, by the further action of potassa, which likewise prevents the interference of any amount of albumen.

If the urine contains but little of the earthy phosphates, or if another liquid, such as vomitus, fæces, serous liquid, is under examination, an equal volume of normal urine is added to it, to supply the phosphates.

This test is very recommendable, particularly in cases where the hæmatine has become partly decomposed and lost its red color, or where it is mixed with biliphæine; likewise for the examination of liquids from abscesses, cysts, vomits, &c., in which from their appearance the presence of blood is not supposed.

The precipitate must not be confounded with a similar one, produced under the same circumstances, in urine, after the use of rhubarb, senna, santonin and logwood, in which cases, however, the green-red dichroism does not appear; the precipitates, particularly from rhubarb, turn violet in the air, and are readily dissolved with a lemon-yellow color, by acetic acid.

In case of the presence of much sugar, it is

well not to boil until the brown sugar reaction appears, but to agitate for a longer time; the liquid will then remain sufficiently light-colored for observing the reaction.

Heated upon platinum foil, ashes will be left containing oxide of iron, &c. Hæmatine is distinguished from urœrythrine by the above reactions, and containing more iron than the latter; both are precipitated by sugar of lead, with a rose or chamois color. On coagulating the albumen by heat, all the hæmatine is precipitated, but not urœrythrine.

5. The blood-red urine, after the internal use of rhubarb, senna, santonine and logwood, is rendered yellow by acids; in the first two cases, the red and yellow color may be repeatedly produced by alkalies and acids.

6. Urine which is brown from macerated blood, or from biliphæine, is treated as above; the precipitates of albumen and of the phosphates are to be tested for iron; a portion is to be tested for biliphæine.

7. Urine acquires—only when strongly ammoniacal—a greyish brown tinge by urrhodine with much uroglaucine; on being agitated with ether, this acquires a violet or purplish-red color by dissolving the urrhodine. The bluish-gray precipitate imparts to boiling alcohol the same color.

8. For urine containing much urophæine, and urœrythrine as in granulated liver, the precautions mentioned in 4, are necessary.

9. I have repeatedly observed a very dark brown urine after embrocations of tar; this is characterized by the absence of albumen, and by the odor of creosote and tar on mixing it with a sufficient quantity of concentrated sulphuric acid.

(*To be continued.*)

—o—

The London Medical Review, a monthly, published by the Baillieres, has also made its appearance. The editorship is anonymous, an unnecessary concealment. In its reports on the progress of medicine, we are sorry to see that no credit is given to the sources whence the abstracts are derived.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. F. Meigs.

Case of Jaundice, complicated with an Abdominal Tumor; Case of Chronic Diarrhœa; Importance of Rest and the Horizontal Position in Certain Diseases; Cases of Dyspepsia, Catarrh of the Intestinal Mucous Membrane; Oleum Chenopodii; Case of Sun-stroke; Case of Spinal Meningitis, Death, Autopsy.

Case of Jaundice, complicated with an Abdominal Tumor.—(Aug. 8th, 1860.) James Carey, a seaman, 50 years of age, but a moderate drinker, was admitted into the Hospital, August 4th, 1860.

He had enjoyed good health up to September last, when he had intermittent fever for a period of about 10 or 14 days.

A week ago last Monday, he was taken with a chill in the afternoon, followed by fever, and the same phenomenon occurred for a succession of a few days. He became at once discolored, and had a pain extending from the lumbar to the right hypochondriac region. His bowels had been ordinarily regular, the color of the stools of a dark yellow, sometimes greyish tinted, but never clay-colored.

He voids, what is singular, about half a gallon of urine per day of a high color, like common red brandy.

His appetite is good, almost morbidly so; it is occasionally ravenous. The tongue is covered with a very slight yellowish fur, but otherwise presents no morbid characteristic, except that it is pale and anæmic. He has never had bleeding from the nose.

Abdomen.—On inspection, the abdomen presents no swelling, except that there is a little fullness to the right of the umbilicus. On palpation this fulness is found to be caused by a solid or semi-solid tumor in that region. It is of an oblong, somewhat pyriform shape extending with its narrow apex upward toward the margin of the ribs.

Percussion over this tumor gives a dull, perfectly flat sound. There is also well marked dulness under the xiphoid cartilage, and extending all the way around, two inches below the margin of the ribs on the right side. This is evidently caused by enlargement of the liver downward. Upward it is not materially enlarged. But besides this hepatic hypertrophy we have the tumor just alluded to. It was at first suspected to be caused by hard fœcal accumulations, and with the object of determining the matter, suitable remedies, such as colocynth pills, were ordered on his entrance into the hospital. But although copious evacuations were produced,

and some hard fœcal accumulations removed, still no diminution of the tumor has taken place, and it remains as before.

(Aug. 11th, 1860.) The patient had been taking, besides the colocynth pills, nitro-muriatic acid. His appetite is good, bowels open. He voided five pints of urine in 24 hours. The urine, on examination with the nitric acid test, showed the reaction of bile. His stools have become of a light yellow tinge; they are pretty solid and no longer ash-colored.

Although since the last visit a large amount of fœcal matter has been brought away, still the pyriform tumor, quite movable, remains as before. There is slight enlargement of the superficial abdominal veins, especially the epigastric, on the right side.

From the persistence of the tumor, in spite of the copious fœcal evacuations, and its general nature, the supposition, at first entertained, that we had to do with an accumulation of hard fœces, must be discarded. There remain hence but two suppositions. Either the tumor is formed by the largely distended gall-bladder,—distended in consequence of occlusion of the ductus choledochus communis, or it is a cancerous or scirrhus growth. The diagnosis lies between carcinoma and a distended gall-bladder with engorgement of the liver. Considering the enormous distension to which the gall-bladder would be subjected if it constituted the tumor, we should expect in that case almost entire obstruction of the ductus choledochus. This, however, is probably not the case, as is apparent from the appearance of at least a small amount of bile in the fœces, which for the last few days, under the treatment adopted, has been slowly increasing. Again it has not the elastic, semi-fluctuating feel which a distended gall-bladder would present.

Yet it is difficult to believe it to be carcinoma. The tumor has evidently been existing for some months, without giving the patient much trouble.

He has not emaciated, has not lost much strength, and has been free from pain. Again, the tumor is not very hard, not nodulated or uneven, and presents none of the peculiarities, on feel, of carcinoma.

(August 15th, 1860.) Since the last clinic-day, it has been observed that the tumor regularly follows the movements of expiration and inspiration, rising with the former and sinking with the latter, and also that it is quite movable laterally on palpation. This obviously shows that the tumor must be connected with an organ influenced by the movements of the diaphragm during respiration, and from this circumstance as well as the shape and situation of the tumor, the assumption, after all, that it is a distended gall-bladder is very strong. The case will be watched carefully and its further progress reported.

Case of Chronic Diarrhœa.—This patient, referred to in the last number of the REPORTER, was improving for a few days, when yesterday, in spite of orders not to leave his bed, he got up and walked about the ward for some time. This resulted in his becoming worse at night, having more passages, and feeling and looking feebler than before. There are ecthymatous pustules breaking out in his face, indicating a bad, faulty condition or dyscrasia of the blood.

Dr. Meigs here took occasion to refer to the exceedingly important matter of a perfectly quiet, horizontal position, in many diseases, accompanied by debility of the system. It was a well known fact throughout the Southern States, where yellow fever prevails, that absolute rest, in a horizontal position, is of the greatest importance in this disease. Patients have been known to be rapidly advancing to convalescence, when they injudiciously got out of bed and walked about, and the result was a most rapid recurrence of the disease with its first violence, and speedy and sudden death followed.

The same remarks apply to persons, convalescent of continued fever. He referred to a patient, a child, ten years of age, who was rapidly recovering from an attack of fever, when one day, his mother having gone away, he got up, playing and romping about the room with his brothers. Two days after he had a most violent relapse. In another case of typhoid fever, which had lasted six weeks, and the patient fast recovering, he got up, walked a little while, had a relapse, and was sick three months. It is not only the exhausted condition of the nerve-power, which renders exercise under these circumstances so very dangerous, but, the blood, being violently thrown into the smaller channels, causes a much more severe secondary metamorphosis or disintegration of the tissues, than the system can bear, and the secretions and excretions being not capable adequately to remove the results of that metamorphosis, its products accumulate in the blood and bring on the relapse. Again, the horizontal position and perfect rest is extremely important in puerperal women. Simply raising the head from the pillow has often brought on tremendous hæmorrhage, syncope and death.

It is, then, a very important feature in the treatment of these classes of diseases, to pay the utmost attention to the horizontal position and perfect rest of the patient.

The patient is under tonic and stimulating treatment, and to restrain his bowels he takes plumbi acetas, tannin and opium.

Cases of Dyspepsia.—Several cases were shown. In cases of dyspepsia, which have resulted in chronic catarrh of the mucous membrane of the intestinal canal, and where there is complication with, or predisposition to intestinal worms, the oleum chenopodii is considered by Dr. Meigs as one of the most valuable tonics. It seems to modify that peculiar condition of the mucous membrane which predisposes to the development of helminthæ, and to restore its tone. It may be given in doses of from 10 to 15 drops daily.

Case of Sun-stroke.—This patient, a young man, 19 years of age, was a few days ago occupied in tinning the roof of a building, and thus exposed to the excessive heat of the sun. Having been at work all morning, he went to dinner, and back to his work again; when in about an hour and a half his head commenced to ache violently, his eyes became dim, and he fell insensible. He was brought to the hospital in a soporous, almost unconscious condition, on the very verge of the grave. By brandy, water, and aromatic spirit of ammonia, and a turpentine and soap enema, reaction was brought about and he is now doing well, feels strong, and answers all questions perfectly intelligibly.

It is stated by the physicians in the East Indies, that uniformly in cases of sun-stroke, paralysis or irritability of the bladder is observed a day or two before the attack, causing the urine to be very scanty, and to dribble away in drops. The patient states that he has observed nothing of the kind in his case.

Case of Spinal Meningitis.—A young man, about 19 years of age, had been taken into the hospital some weeks after having received a violent blow on his loins. It hurt him badly, and he soon commenced to have tetanoid symptoms. It was impossible to determine whether there had been a fracture of one or more of the lumbar vertebræ, o bones of the hip, or not.

These tetanoid symptoms, however, gradually subsided, when severe neuralgic pain in the left shoulder set in, accompanied with typhoid symptoms tolerably well marked. There was epistaxis, marked meteorism and profuse diarrhœa. On looking over the case, and comparing its history and symptoms, Dr. Meigs came to the conclusion that it was a case of *spinal meningitis*, so ably described by Grisolle and other French physicians; a disease which has been frequently observed, and been closely studied and described by the army physicians of Algiers, where the disease has occurred repeatedly in an epidemic form. Although in this case it was of a traumatic nature, yet the symptoms resembled very closely those enumerated by the French authorities, of the epidemic form. As a characteristic mark they mention a phlyctenoid eruption occuring abundantly on the skin in the advanced stage of the disease. This was present in this case, and exceedingly well marked.

The patient died suddenly in a convulsive spasm, and the *autopsy* verified the diagnosis.

No fracture of the spinal column could be detected. There was, however, a very large amount of pus found infiltrated through the iliac fossæ in the psoas and iliacus muscles, extending up to the promontory of the sacrum. On opening the spinal column the charactertic lesions of well marked spinal meningitis were discovered. The lumbar vertebræ were not diseased, and with the exception, perhaps, of an apparent spot of softening, the medulla spinalis was in a normal state.

In reference to the lesions usually found in typhoid fever, none were present. The glands of Peyer were healthy, the lungs deeply congested, but crepitant.

PHILADELPHIA HOSPITAL.

Service of Dr. Levis.

Operation for Anchylosis of the Knee-Joint—Brisement Forcé;—The New Operation for Varicose Veins.

Operation for Anchylosis of the Knee-Joint—"Brisement Forcé."—John Thomas, aged 34, was recently admitted into the hospital in general good health, but disabled by an anchylosed knee.

He had been attacked with acute rheumatism early last winter, and laid continually with his leg in the position in which it is now bent. The joint has been entirely immovable for several months, and the leg is so much drawn up as to form an acute angle with the thigh With the exception of the extreme contraction, the appearance of the joint is normal, and there is neither pain or tenderness on pressure. The condition appears to be that of complete or osseous anchylosis.

There has probably been an entire disorganization of the interior structures of the joint, and the plastic material originally exuded, as a result of inflammation, has become densely fibrous, and it would be inferred, from the solidity of the anchylosis, that this union has been strengthened by some osseous deposits.

It was determined to attempt the restoration of the limb to usefulness by an operation. The late success of some operations for anchylosis in Europe and this country, by forcible extension, induced the choice of this method, if found to be practicable. If, on application of a reasonable amount of force, without risking fracture of the femur, motion could not be started in the joint, some other operative procedure was to be resorted to.

On the 21st of July the patient was etherized, and Dr. Levis, grasping the leg and thigh, attempted, by steadily increasing force exerted with the hands, to break the adhesions. A loud snap at the joint indicated the first yielding. Before further procedure, as the flexor tendons were all resisting, they were all subcutaneously divided at the inner and outer hamstrings. Slighter force was again gradually applied, and with a crashing sound the joint yielded to a position but slightly bent. There was no blood lost, and no evidence of any injury by stretching or tearing the important structures of the popliteal region. The limb seemed sufficiently straight for progession with a stiff knee, which will probably result.

It was remarked that the entire division of the flexor tendons would, besides avoiding the tendency to retraction, prevent the extremely painful tension on the muscles, and consequent constitutional irritation which follow operations for anchylosis without such division. This seemed to be illustrated by the comfortable progress of the case.

The limb was placed an a well padded, slightly angular curved splint, reaching from the hip to the heel, and securely bandaged on it. After the patient aroused, and the limb became painful, one grain of sulphate of morphia was administered.

On the second day after the operation, the joint was tender on pressure, and the patient had some fever, and on the third day a slight diarrhœa. These symptoms were but temporary, and the patient since that time has continued comfortable. He is now, on the fifteenth day after the operation, going about the wards on a wheel-chair, still wearing the splint, and it is anticipated that he will soon be able to walk with but the support of a cane, and the limb be eventually restored so that he can resume an active occupation.

This case illustrates an instance of the tolerance of anchylosed joints to violent breaking of fibrous and osseous adhesions, and the painless progress of a case when the contracted tendons are divided.

The New Operation for Varicose Veins.—Sarah Robinson, aged 30, born in Delaware, had a varicose ulcer covering the inner portion of the lower third of the left leg. Surrounding the ulcer the skin presented the engorged dark red and shining appearance usual in varicose disease. Previous to the breaking out of the present ulcer, four months ago, her leg had been repeatedly ulcerated. Extensive enlargements of the superficial veins extend along the inner side of the leg and thigh, which she says first appeared during her first pregnancy, ten years ago. She is an active, intelligent woman, and complains of nothing but her limb.

The continued relief of the cases which have been previously reported as cured by subcutaneous ligature with wire, insured the success of the operation in this case. With a straight needle the wire was passed beneath the vein, out through the skin on the other side, and returned between the vein and the integument through the original place of entry, thus surrounding the vein. Traction was then made on both ends of the wire, sufficient to compress the vein and arrest the circulation, and this was secured by twisting the wires. The same operation was repeated in other places. The ulcer was covered with a thick pledget of dry lint, and pieces of isinglass plaster placed over the ligatures.

This case has proved even more successful than those before reported, as the ulcer has almost entirely healed, and there remains no evidence of the previous varicose condition, except the discoloration around the cicatrizing ulcer. At the present time, twenty days after the operation, the wires encircling the veins, which were alternately of silver and iron, still remain, seeming to act similarly without producing any irritation. Daily pulling and twisting of the wires has been directed, to hasten their removal.

EPISCOPAL HOSPITAL.

Service of Dr. Kenderdine.

[Reported by Henry R. Tilton, M. D., Resident Physician.]

Amputation of the Penis for Cancer, no return of the disease in ten months; Amputation of both arms, fatty degeneration of all the tissues, secondary hemorrhage, recovery; Amputation of the thigh, great retraction of the soft parts, recovery; Vesico-vaginal fistula, operation, cure.

Amputation of the Penis for Cancer, no return of disease in ten months.—Wm. M., æt. 66, entered the Hospital October of 1859, for a fungous mass surrounding the extremity of the penis, which in 18 months had increased from a small pimple near the frænum until it was as large as a moderate sized orange. The point of origin was the seat of a chancre, forty years before; there was no phymosis.

He had used the milder caustics, which gave him great pain and little benefit.

Upon consultation, it was decided to remove the organ, which was accordingly done by the écraseur, the skin having been pulled forwards and the chain gradually tightened.

About eight minutes were occupied in its removal, not a half teaspoonful of blood was lost, the parts healed kindly, with a tendency to contract about the urethral orifice, which the occasional insertion of a bougie corrects; cold water was the only dressing. He still continues on the out-patient list, suffering from asthmatic attacks.

Microscopic examination shows that it was the epithelial variety of cancer.

Amputation of Both Arms; Fatty Degeneration of all the Tissues; Secondary Hemorrhage; Recovery.—A. M., an American, aged 29, a printer by trade, was admitted June, 1859, for caries of the elbow joints. He was exhausted by the scrofulous discharges and by diarrhœa. After suitable preparation, Dr. Thomas resected the right elbow, with his accustomed skill. For a while the patient progressed favorably, but caries returning and the external tissues sloughing, Dr. Kenderdine, by the advice of his colleagues, determined to remove both arms, one immediately, the other as soon as practicable. One was removed in Oct. last, by the circular method, three inches below the shoulder, there was no retraction in the stump, either of skin or musles. The whole surface appeared like the fat of boiled ham. All the tissues had undergone fatty degeneration; a result which, as Paget remarks, frequently happens in limbs long confined, owing to imperfect nutrition. There was great difficulty in securing the brachial, the ligatures repeatedly cutting through it from its fatty state. It was finally tied, as well as a number of others, the parts closed by adhesive strips and firmly bandaged. This stump did well.

In the second week afterward, the other arm was removed about the same place. In consequence of the irregular opening of the sinuses, a single flap was made from the outside of the arm. The tissues were in a similar condition as the first, and the same trouble with the artery. After securing the vessels, the flap was secured by sutures and bandaged.

Nothing of note happened until the 6th day, when secondary hemorrhage occurred. The patient lost about eight ounces of blood; the bleeding was controlled by pressure. In three weeks, the man was sitting in a chair, the first time for six months.

Union of the flap was remarkably slow, it retracted month after month, and just laid in apposition with the edge of the stump.

During this present term, Dr. Thomas freshened the edges, and united them with the hare lip suture, and they seem now firmly closed.

He still remains in the House, as helpless an object as could be imagined, and a monument of what mutilation persons in his condition will bear.

Amputation of the Thigh; Very great Retraction of the Soft Parts; Recovery.—The following case presents a great contrast with the preceding, in regard to retraction.

A healthy boy, aged 11 years, was admitted in December last with the left leg mashed by a passenger rail car passing over it. As soon as reaction took place Dr. Kenderdine, assisted by Drs. Thomas and Fryer, removed the limb by the circular operation. The parts were firmly drawn upwards, and fully three inches of flap left, so much indeed that it was considered excessive. The patient for several days suffered from traumatic delirium, which was quieted by opium, brandy, and beef tea. There was no sloughing; the stump was firmly bandaged, yet contraction took place to such an extent, that (though the bone would be covered) it was thought best to remove a small portion of the femur. The bone was cleared by pushing the muscles back with the handle of a knife, and about an inch removed. It healed rapidly, presenting a beautifully rounded end.

[Reported by B. E. Fryer, M.D., House Resident.]

Vesico-Vaginal Fistula; Operation, Cure.—Mrs. Letitia S., Irish, aged 36, of vigorous constitution, arrived at full term with her seventh child about eight months ago, and after a protracted labor was delivered by the forceps, since which time she has been annoyed by a vesico-vaginal fistula. The opening was about two inches behind the orifice of the vagina, the long diameter, (which was transverse,) about $\frac{3}{4}$ of an inch, with several fibrous bands running to the vaginal walls.

By permission of his colleague, Dr. R. P. Thomas, she was admitted into the ward for diseases of females, and on August 1st, assisted by the attending surgeons and residents, Dr. Kenderdine performed the operation, as follows:

The edges were paired by cutting in such a manner that the mucous membrane of the bladder should not be injured, and the fibrous bands, entending to the vaginal walls, were divided. This stage of the operation was much prolonged by a profuse hemorrhage, which was found to come from a soft, fungous growth in the anterior lip of the uterus.

The hemorrhage being checked by tannin, and the clots removed by injections of ice-water, seven silver wire sutures were inserted, an extremely difficult part of the operation. The edges of the wound were then carefully brought together by the adjuster, and retained in position by perforated shot, firmly compressed upon the wire. The patient was then placed in bed, and one of Sims' self-retaining catheters inserted, having connected with its external end a tube of India rubber, to conduct the wire to a bottle, placed between the legs.

One-half grain of morphia was ordered, with $\frac{1}{4}$ grain at night. She progressed favorably until the fourth day, when her abdomen became tympanitic and painful. She was ordered $\frac{1}{4}$ grain of morphia with 5 grains of carb. potass. every three hours, and turpentine and laudanum to the abdomen. This promptly checked the peritonitis which was commencing, and on the eighth the sutures were removed. On the ninth day she passed her urine naturally, and on the eleventh left the hospital perfectly cured.

EDITORIAL DEPARTMENT.

Periscope.

Experiments on Trichinæ Spirales.—At a recent session of the Academy of Sciences, in Paris, a communication by M. Virchow, of Berlin, was read, in which some experiments on the trichina spiralis were read.

Feeding a rabbit with meat containing the trichinæ, the animal begins to emaciate in the course of three or four weeks, loses its strength and dies towards the fifth or sixth week, after the ingestion of the meat containing the entozoa. If the muscles of the animal thus perished, are examined, they are found to be filled with millions of trichinæ, and there is no doubt that death took place in consequence of a progressive muscular atrophy, caused by the migrations of the trichinæ in the economy.

In the dog we can follow the development of trichinæ very well in the intestines; but they do not pass into the muscles, either because the intestines, or the digestive juices of the dog are noxious to the migration or final evolution of these parasites.

Prof. Virchow made these experiments with the muscles of a woman who had died under exactly similar symptoms as those which had been observed in rabbits, and in her case, the autopsy revealed nothing, except innumerable trichinæ in the muscles; neither in this case, nor in the rabbits experimented upon, could the parasites be detected by the naked eye.

From these observations Virchow concludes, that there are cases of fatal infection by trichinæ, that are discoverable only by the microscope.

From the observations of Prof. Zencker, under whose charge the case of the woman alluded to occurred, it appears that a month previously she had eaten pork, invested by trichinæ; the butcher who had slaughtered the animal, and eaten fresh trichinæ, as well as several other persons, became affected with rheumatic and typhoid symptoms, more or less severe; none died, however, but the woman.

From these facts it appears evident that the ingestion of raw or badly cured pork, containing trichinæ, exposes the eater to great dangers, and may be a proximate cause of death.

The trichinæ retain their vital power in decomposed meat, and resist for weeks an immersion in water. If they are encysted, we can, without destroying their vitality plunge them into a quite strong solution of chromic acid, for at least six days.

On the contrary, they perish and lose all noxious qualities, in well smoked ham, and kept a sufficient length of time before bein consumed.

The Use of Arsenic in Dyspepsia.—Doctor V. Germain, de Château Thierry,) has recently laid before the Academy of Medicine in France, a memoir on the treatment of dyspepsia by arsenious acid, which is published in a recent number of the Gazette Hebdomadaire.

In looking over the chemical analyses of the mineral waters most celebrated for the cure of dyspepsia, Dr. Germain found that all, whose efficiency had been proven, contained traces of arsenic, and he arrived, after a careful examination of the matter, at the following conclusions:

1. While mineral waters are efficacious, those artificially prepared are without medical virtue.

2. The mineral waters cure various affections, but these cures are only secondary. Their first effect is an amelioration of the general health, following a restoration of the appetite, and of a good, sound sleep. The general system thus improved rids itself somehow, spontaneously, of the disease with which it was affected.

3. None of the substances held in solution in the mineral waters, if not iodine or iron, is capable of modifying the general health; and these two substances, administered pharmaceutically, do not produce the good effects of mineral waters, of which they form a natural constituent.

From these conclusions Dr. G. drew the further reference ,that the inefficiency of the artificial mineral waters was owing to the absence of the arsenic, which in the analysis of natural waters is indicated as being present in traces; and that in the latter it was the arsenic, with its powerful tonic qualities, that restored the general health, cured the dyspepsia, and in that way removed a great many of those chronic ills for which those in easy circumstances seek and find relief at watering places.

Acting upon this theory, Dr. G. commenced to treat his chronic cases, in which dyspepsia played a principal rôle, with arsenic, in very small doses, and judging from his results, with the most happy effects. In the memoir, he adduces 18 cases of severe suffering, chronic ailments, with dyspepsia, which were readily and effectually cured, or relieved by this treatment, which we certainly consider worthy the attention of the profession.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, AUGUST 18, 1860.

A HIGHER DEGREE IN MEDICINE.

More than two years ago we entered, in the pages of this journal, which was then published monthly, into an earnest discussion of the status of the profession. This was done with the view of bringing to the notice of the profession a plan which we had been maturing for some time, which would eventually place under the control of the American Medical Association the standard of qualifications for a respectable standing as a practitioner of medicine in America.

We argued that there was no uniform standard of qualifications in our country, and in the nature of things, while the present plan was in vogue, there could not be, as each medical college had its own standard, and they were too much controlled by selfish interests to run much risk of sacrificing a few matriculants or diminishing their graduating classes, for any prospective good to the profession that might result from their adopting a higher standard of medical education.

We held that the title "*Medicinæ Doctor*" per se gave not the slightest indication of the standing of a physician, inasmuch as our State legislatures were every year chartering medical colleges in which all kinds of medical opinions are taught, and whose diplomas are just as legal as those of the most celebrated institutions in the country. We protested against the American Medical Association attempting anything more in the way of reforming our medical colleges, believing that it was a useless expenditure of time, and proposed that it take the matter into its own hands, and adopt *a standard of its own*, and compel the profession to come to that.

Nor did we stop here, but presented a plan in detail to the Medical Society of New Jersey, one of the oldest medical organizations in the country, with the request that it be presented in the name of the Society, to the American Medical Association, and recommended for adoption. This was done at the meeting at Washington city in 1858, when Dr. Lyndon A. Smith, as chairman of the delegation from the Medical Society of New Jersey, presented the "New Jersey resolutions," which, as they involved a change in the constitution, were laid over. At the next meeting at Louisville, they, with other matters involving the subject of medical education, were referred to a committee, of which Dr. Blatchford, of Troy, N. Y., was chairman. The spirit of the resolutions, and the plan proposed, met with the hearty approval of the committee, and some of the features recommended were incorporated into the able report presented by them at the meeting in New Haven this year. At this meeting the "second degree in medicine," emanating from the American Medical Association, was a topic of frequent conversation, and Dr. Frank H. Hamilton, of Brooklyn, N. Y., advocated it in some remarks made to the Association just before its final adjournment.

We are glad, too, to observe in a recent number of a New York cotemporary, that it has enlisted under the same banner, though it fails to do us the justice to allude to the origin of the proposed plan of giving the profession of the United States a uniform title that will prove a patent of respectability everywhere. Our cotemporary founds its remarks on the recent application of several graduates of homeopathic colleges in the United States, to the British Medical Council, to be registered under the clause admitting graduates of Foreign Universities. We can see no reason why the Council need to have been "in a quandary" in this matter, as a very little inquiry must have satisfied them that there is no "University" in this country that knowingly gives the title of M. D. to homœopaths; and if it is obtained by deception, the fact is evidence of fraud, and by the rules of all our universities and medical colleges, would disqualify the individual so offending from holding the title in the name of the university or college from which it was thus fraudulently obtained.

We repeat, that we are very glad indeed to find that a plan which we brought before the American Medical Association, not, we confess, without some misgiving that it would be

considered utterly impracticable, was not only entertained by that body, but that some of its features have already been adopted, with a fair prospect that its more important peculiarities will eventually become incorporated into the constitution of the Association. We are glad, too, of the evidence adduced above, that our plan is gaining able and influential advocates in the ranks of the profession and among our medical periodicals. A candid consideration of the subject can hardly fail to commend it to the warm support of our readers, and of all the medical periodicals of our country.

CURRENTS AND COUNTER-CURRENTS IN SURGERY.

The use of the metallic suture in the union of wounds is now generally understood by the mass of the profession, and its utility almost universally admitted. That its unirritating qualities and universal applicability in surgery should properly be claimed as a very recent *discovery*, is as evident; for notwithstanding the admitted assertion, that metallic threads were experimentally used in surgery even as long as three hundred years ago, *the fact that they did not come into general use proves that the real efficiency of the metallic suture had not, at that time, been really discovered.*

The first announcement of the success of the wire suture in some operations which were the test of its value, and the claim that it was destined to displace the ordinary suture from all surgical use, was received with an incredulity and opposition, which was favored by the apparently vaunting enthusiasm with which the claims for it were asserted. Surgeons were not prepared for a change in the suture. The use of ordinary threads, when sutures as a calamity seemed absolutely necessary, and the studied avoidance of them, and the substitution of adhesive strapping and bandaging, aided by the improved antiphlogistic treatment of the wounds—made any attempt to improve on the suture, seem a work of supererogation.

Had not the utility of the metallic suture been at once so uncontestably demonstrated by its success in the closure of cut edges, which all other sutures had failed to unite, and in the cure of conditions, which, until recently, the best surgeons of the world had agreed in abandoning as hopeless, its general adoption might have been longer delayed. In this city—to the progressive conservatism of which the profession incline for a determining verdict of the practical status of medical novelties—the acceptance of the wire suture progressed with caution, but received full opportunity for a thorough display of its merits. At this time we know of no operator among us so non-progressive as not to adopt the metallic suture in the union of wounds of every kind.

Until we turned the first leaf of a journal which now lies before us, we believed, or at least hoped, that not only had every prominent surgeon in Christendom rejoiced in possessing a means of generally producing the much desired immediate union of wounds, but that every practitioner, who is liable to be called on to perform the simplest operation, had determined on the metal-suture as the best method of securing a speedy closure of the wound.

Dr. John Watson, a Surgeon to the New York Hospital, in a clinical lecture on amputation, published in the *American Medical Times*, denies the unirritating quality and universal advantage of the metallic suture, and discards wire altogether for the ligation of vessels. He says that: "The great use of the metallic ligature in this; not that they are any better than silk, but because you can use a finer piece, and *the finer the suture, the less the irritation.*"

This manner of accounting for the efficiency of the wire suture can be sustained by no practical evidence. It has not been observed that fine wire is less irritating than thick wire; on the contrary, many operators, who use the wire suture extensively, prefer wire which is far from being very thin. Dr. Sims, of New York, now prefers in his plastic operations, wire that is comparatively thick, and which, we believe, is thicker than that which he formerly used; and we recollect that Dr. Brainard, of Chicago, lately attributed the suppura-

tion, which occurred in a wound that was closed by the metallic suture, to the thinness of the wire used. Mr. Simpson, of Edinburgh, does not select thin wire for his numerous and successful operations. In the Pennsylvania Hospital lead wire, which is necessarily made thicker than any other wire for suture, is now preferred as the least irritating, notwithstanding its thickness.

Dr. Watson also presents the following untenable theory of the action of wire suture in the now successful operation for vesico-vaginal fistula—a success which is too palpable for his denial:

"Its great use in the treatment of vesico-vaginal fistula, consists in the fact that but exceedingly small holes are made in the mucous membrane, and hence there is no chance for the escape of the urine into the vagina, a circumstance which would be very apt to occur if the ordinary silk suture was made use of."

The contrary of the above is the fact. A larger needle is required for the introduction of wire than is essential for thread of the same thickness; thus the holes are necessarily larger. But it was not the leakage through the suture holes that was the cause of failure in former vesico-vaginal operations, but the ulceration around the ligatures, allowing them to yield and the fistula to re-open.

All that Dr. Watson admits for wire as a suture is its strength—that "if a fine wire is used we have more power than with thread." Now in those cases where the metallic suture is so indispensable, the tension is so slight that a silken fibre, finer than is ever used, would retain the apposition, and yet such a fibre, it is well known, will produce more irritation than even a thick wire.

The applicability of the metallic suture to the union of the parts after an amputation, could not be better illustrated than by a case of our own in the wards of the Philadelphia Hospital, in which the flaps were closely united by numerous metallic sutures, and the stump left entirely bare, resting simply on a pillow without any dressing. Immediate union took place, and the sutures held their positions without irritation, and were finally removed from the cicatrix at the expiration of four weeks.

As before stated, we consider the favorable appreciation of the metallic suture determined by the profession, and the credit of its practical introduction awarded to Dr. Sims. The practice of one surgeon in declining its use, will produce but a negative result, yet a published "clinical lecture on amputations," by a popular surgeon and teacher, which discards the well approved method of producing immediate union, should not escape some critical notice.

It is with great pleasure that we lay before our readers another paper by DR. WALTER, of Pittsburgh, on a subject of great surgical importance—the successful employment of tenotomy in deformities of the knee-joint. In connection with his former paper on "knock-knee," published in the REFORTER of July 21st, the present one on "bow-legs" furnishes another of the hundreds of proofs daily coming before our eyes, that the science of medicine and surgery is, in spite of the denunciatory cries of "empiricism," rapidly approaching, in many of its departments, to that of an exact science. None can peruse Dr. Walter's paper without becoming convinced that a correct study of normal and morbid anatomy leads to exactness and positiveness in surgery; and we are convinced that a correct study of normal and morbid physiology will, as it has to a great extent already, in future lead to exactness and positiveness in medical therapeutics.

Correspondence.

Philadelphia, August 15th, 1860.

MESSRS. EDITORS:—Many and varied are the troubles of and annoyances of a young physician. After having spent years of earnest toil, and probably nearly exhausted his pecuniary means, he locates himself and commences the realities of his profession. Commences? Yes, that is the word; he commences his profession, but very little of the *practice;* and hardly has the "shingle" nailed to the window of his cosey office, probably near the centre of the city, began to show the effects of time,

ere he wishes that Prof. Hippocrates, whom they say was Dean of the Faculty of some old Greek Medical School at Cos, had never sent his circulars abroad to entice young men to espouse the cause of the "healing art divine," and that he (the young Doctor) had chosen some broader avenue, along which to reap the rewards of toil, for in the narrow one which starts from the Medical College, not a single flower dares raise its modest head to brighten his path, but is instantly choked to death by the rank and exhausling weeds of reality. Every bird that alights to sing him a conciliatory song is immediately affrighted from its perch by his headlong wish to satisfy the necessities that blasted the flower.

There is no popular error more fatal to the hopes of the young practitioner, or more calculated to cause him to use words, which probably never passed the lips of angels, than that which is emblasoned upon the domestic flag the world over—"with grey hairs only comes wisdom and sagacity." Thus the young enthusiast must have been many a weary mile upon his journey, must have been able to discern in the dim distance the snow-capped hills of the winter of his life, before he can hope for a recompense for the gushing waters of his youth left far behind him. This is sufficient—yea, more than sufficient to cast the damp sheet of discontent upon the ardor of an ordinary man, but, when such a genius as Prof. Holmes, of Harvard, affirms, in the face of the labors of the best men of many ages, that medicine is empiricism, and medication a humbug, then really the *artificial* physician must be mean in comparison with one of nature's own, of whose exploits the following is an instance.

A few months ago I was requested to watch at the bed-side of a colored woman, while she performed one of the noblest functions of her organization—the ejection of a new being upon this rolling sphere. For some reason the little one, when born, did not exhibit the ordinary phenomena of life. Maliciously happy for the opportunity, and with the instructions of Marshall Hall still burrowing in my brain, I proceeded at once to artificial respiration. The old nurse, an octogenarian negress, watched me for a few minutes with considerable interest, and then departed with the expresssion of contempt strongly stamped upon her countenance. She soon, however, returned with her lips more pouting that ever, and her buccal cavity distended to its utmost capacity with rye whiskey, which, in consideration of her benevolent mission, she was enabled, not without some spasmodic efforts, for once to keep from her stomach. With a significant movement with her closed hand, which could not be misunderstood, she requested me to stand aside; then seizing the child by both ankles, (wheelbarrow fashion,) she approximated its nearest orifice to her protruding lips, and then gave a powerful, expulsive expiration—to me a primitive and novel method of administering an enema. Now, must not this act of the old negress, according to Dr. Holmes' views, be considered as the highest emblem of mother nature's curative instincts? using the very essence of the products of the *field*, that which had probably been *food* to her many years—in an essentially simple and natural manner, and discarding all ready methods and other "new fangled notions."

Sincerely yours, JR.

News and Miscellany.

Special Hospitals.—A movement having been set on foot to found a Special Hospital for the treatment of stone and diseases of the urinary organs, in London, a number of the most prominent physicians of that city, among whom are Brodie, South, Latham, Watson, etc., have published an address in the Lancet objecting to this, and expressing their opinion on special hospitals generally, as follows:

The practice is injurious, First, because in the maintenance of numerous small establishments the funds designed for the direct relief of the sick poor are wasted in the useless multiplication of expensive buildings, salaries, and hospital appliances, and in the custom of constantly advertising to attract public attention.

Secondly, because the public is led to believe that particular classes of disease can be more successfully treated in the small special institutions than in the general hospitals—an assumption directly contrary to evidence; the fact being that the resources of the general hospitals are in every respect superior to those of the special institutions alluded to.

Thirdly, because it is essential for the interests of the public, with a view to the efficient education of students preparing for the practice of the medical profession, that all forms of disease should, as far as possible, be collected in the general hospitals to which medical schools are attached.

Dr. Jarvis, of Boston, was present as a member at the late International Statistical Congress. He recommended that the Superintending officers of lunatic asylums in all countries publish their reports on a uniform plan. A timely suggestion.

Cholera in Spain.—According to late reports this epidemic is now committing terrible ravages in several southern districts of the Peninsula. For example, at Malaga, 2,267 deaths took place by that malady, from the 1st of May to the 29th of June last; of whom a large proportion were young persons. Accounts further state that, along the Mediterranean coast—at Motril, Adra, and Almeria, the disease has proved very prevalent; as likewise in Granada and Jaen, but especially at a place called "Gualchos," where 178 deaths occurred during the first six days the malady broke out, while only two cases recovered. It has more recently attacked the inhabitants of Baylen, which is on the great highway to Madrid; where, however, public health is said to be at present satisfactory. In consequence of this outbreak of pestilential cholera in Andalusia, much terror prevails amongst the population.—*Lancet.*

Extensive Poisoning by Mussels at Tralee.—It appears that on Friday, the 20th ultimo, the ship-canal having been emptied, a woman belonging to the town picked up some mussels which she found at the bottom of the basin. She distributed them among her neighbors, and during the night twenty-one persons who had eaten of them were attacked with symptoms of having been poisoned. Three children have died, and, by the latest accounts, six individuals still continued in imminent peril. The rest were considered to be out of danger. Eight of the twenty-one persons attacked were adults. They were all of the laboring class. —*Med. Times & Gaz.*

New Medical Journals.—We have received the first number of the *Columbus (Ohio,) Review, of Medicine and Surgery, W. L. McMillen, M. D., Editor.* It is a very handsomely printed journal of 108 pages, and will be published every alternate month.

Its contents are varied and valuable. The first number has two extended reviews of "Todd on Acute Diseases," and "Dalton's Physiology."

Its original articles are of interest, and its selections judicious.

We place it with great pleasure upon our exchange list.

A woman, named Tarjus-Dupuis a *"natural bone-setter"* in France, was recently fined 25 francs by the Police Court for practising illegally.

Answers to Correspondents.

COMMUNICATIONS RECEIVED.—*Alabama*, Dr. Edw. H. Sholl—*District of Columbia*, by Dr. McNichol: Drs. R. K. Stone, T. Hansman, J. M. Toner, G. Palmer. J. A. Ritchie, H. Magruder—*Massachusetts*, Dr. Buckingham—*New Jersey*, Dr. A. N. Dougherty, Dr. M. Kuechler—*Pennsylvania*, Dr. A M. Heistand, [with encl.,] Dr John Kerr, Dr. E. P. Emerson, [with encl.,] Dr. Thomas Johnson, [with encl.]—*South Carolina*, Dr. J. E. Burkhalter—*Virginia*, Dr. J. J. T. Offutt.

Office Payments.—Lindsay & Blakiston.

MARRIAGES.

SNYDER—REED—On Sunday, July 22d, at the residence of Dr. C. P. Herrington, Ashland, Pennsylvania, E. H. Snyder, M. D. of Danville, to Miss Annie Reed, of Rush.

DEATHS.

BARKSDALE—At his residence, at Barksdale Station, on the Richmond and Danville (Virginia) Railroad, on the 27th of July, Dr. C. W. Barksdale, aged 58 years.

GALLAER—At Aspinwall, New Granada, on Monday, July 23, Dr. John Gallaer, Surgeon in-chief of the Panama Railroad.

WILTBANKS—In this city, Tuesday evening, August 7, 1860, Dr. Alfred S. Wiltbank, of Lewis, Sussex county, Delaware, in the 31st year of his age.

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1860-'61.

FACULTY.

B. HOWARD RAND, M. D., Professor of Chemistry.
HENRY HARTSHORNE, M. D., " Practice of Medicine.
LEWIS D. HARLOW, M. D., " Obstetrics, &c.
WILLIAM S. HALSEY, M. D., " Surgery.
WM. HEMBEL TAGGART, M. D., " Materia Medica.
JAMES AITKEN MEIGS, M. D., " Institutes of Medicine.
WM. H. GOBRECHT, M. D., " Anatomy.
THEODORE A. DEMMÉ, M. D., Demonstrator of Anatomy.

The session of 1860-'61 will commence on Monday, 8th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Gradnating Class, after the close of the Lectures, as possible.

The Rooms for Practical Anatomy will be open early in September.

A Medical, Surgical, and Obsterical Clinic, is held at the College every Wednesday and Saturday.

Each second course Student is furnished with a ticket to the Pennsylvania or Philadelphia Hospital, *free of charge.*

Examinations are conducted daily by each Professor in his Department.

☞ Instead of the usual Introductory Lectures there will be but *one general Introductory;* after which the regular Lectures of the course will commence *without delay.*

FEES.

Matriculation, (paid once only,) - - -	$5 00
For each Professor's Ticket, - - - -	15 00
Graduation, - - - - - - - -	30 00

LEWIS D. HARLOW, M. D., *Dean,*
199—eowt01 *No.* 1023 *Vine, below* 11*th Street.*

J. JACOB TEUFEL,

MANUFACTURER OF

SURGICAL AND DENTAL

INSTRUMENTS AND TRUSSES.

103 South Eighth St., 3d door below Chestnut,

PHILADELPHIA.

☞ *A large assortment always on hand.* ☜ 816

DAILY WINTER EXAMINATIONS

IN CONNECTION WITH THE LECTURES

Delivered in the Jefferson Medical College

BY

D. D. RICHARDSON, M. D.,

Senior Resident Physician to Philadelphia Hospital, Blockley, and Demonstrator of Anatomy in Philadelphia School of Anatomy, and

JNO. W. LODGE, M. D.,

Formerly Resident Surgeon to Philadelphia Hospital, Blockley.

The Course of Instruction will embrace a full series of Examinations, which will be held each day at 9 A. M. and 3 P. M.

On the first of January the Review Examinations will be commenced, and continued during the lectures, thereby bringing the whole course delivered in *Jefferson Medical College* several times before the class, prior to their final examination by the Professors.

ORDER OF EXAMINATION.

Chemistry,
Materia Medica,
Obstetrics,
} DR. RICHARDSON.

Physiology,
Practice of Medicine,
} DR. LODGE,

By arrangement, our Class will be admitted to Dr. Agnew's Examinations on Anatomy and Surgery.

Especial attention will be given to preparing students for the Medical Staff of the Army and Navy.

No effort will be spared in contributing to the thorough preparation pnd advancement of our class.

Dr. Richardson being Demonstrator of Anatomy at Dr. Agnew's, will enable him to assist the Class in their anatomical studies.

For further information, address

J. W. LODGE, M. D.,
123 South Seventh Street, Philadelphia, Pa.

198—ew Fee for the whole Course, $30.

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1860–61.

FACULTY.

T. L. BUCKINGHAM, D.D.S.
Professor of Chemistry and Metallurgy.

J. H. McQUILLEN, D.D.S.
Professor of Anatomy and Physiology.

WILLIAM CALVERT, D.D.S.
Professor of Mechanical Dentistry.

J. L. SUSSEROTT, D.D.S.
Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.
Professor of Dental Physiology and Operative Dentistry.

D. H. GOODWILLIE, D.D.S
Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S.
Demonstrator of Mechanical Dentistry.

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

For further information, address

W. CALVERT, Dean,
133 North Eleventh street,
197—ew13t Philadelphia.

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

Anatomical, Pathological, and Microscopical Preparations.

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS intrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood cut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILLUSTRAION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION intrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS M. D.
768 Florida street, Philadelphia

REFERENCES.

JOSEPH PANCOAST, M. D., Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.

D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.

ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.

J. DA COSTA, M. D., Physician to the Episcopal Hospital.

F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital

Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN,** No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved

RADICAL CURE and other TRUSSES,
FEMALE SUPPORTERS,
SHOULDER BRACES,
ELASTIC STOCKINGS,
SPINAL APPARATUS

For weak and curved spines, and

INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

ARTIFICIAL EYES.

PERSONS wanting ARTIFICIAL EYES can have them made to order, and inserted, without pain, by DR. OSMUN, Oculist, 1619 Chesnut street, Philadelphia.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests. MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

TO

Physicians and Druggists.

THE UNDERSIGNED, HAVING PERFECTED HIS ARRANGEMENTS FOR EXTENDING THE MANUFACTURE OF THE VARIOUS

HYPOPHOSPHITES,

[AFTER THE ORIGINAL FORMULA OF DR. CHURCHILL]

Is now prepared to supply the Medical Profession, and Druggists, with his *chemically pure* and *reliable* Preparations of these SALTS, in all quantities, and at the shortest notice.

It must be obvious to every candid and thoughtful physician, that the importance of *pure remedies*, in the treatment of disease, cannot be overrated, or too strongly insisted upon ; as, upon this *point*, absolutely depends their therapeutical value.

The professional, as well as non-professional person, who reads Dr. CHURCHILL'S TREATISE and the accompanying documents, with ordinary care, will at once perceive how essential it is that the HYPOPHOSPHITES should be perfectly free from excess of *lime*, *carbonates*, *phosphates*, *&c.*, the presence of which, *even in small quantities*, renders them " ENTIRELY UNFIT FOR MEDICAL USE."

In regard to my " Preparations," I need only refer to the uniform testimony of the Medical Profession in their favor, wherever they have been used. They are now considered THE STANDARD PREPARATIONS OF THE HYPOPHOSPHITES IN THE UNITED STATES.

WINCHESTER'S GENUINE PREPARATIONS.

Price List.---Terms Cash.

HYPOPHOSPHITES OF LIME AND SODA	(combined)	7-oz.	bottles,	$1 00
" " "	do	16-oz.	"	2 00
HYPOPHOSPHITE OF POTASSA		7-oz.	"	1 00
" MANGANESE		7-oz.	"	1 00
" QUININE		7-oz.	"	1 00

☞ Physicians and Druggists supplied by the dozen, or larger quantities, at the usual discount.

PURE SOLUTIONS OF THE SEPARATE SALTS.

For Physicians' Prescription Only.

HYPOPHOSPHITE OF LIME	6-oz.	ground stoppered	bottles,	$1 00
" SODA	6-oz.	"	"	1 00
" POTASSA	6-oz.	"	"	1 00
" MANGANESE	6-oz.	"	"	1 00
☞ Prices to the Trade, invariably, by the dozen				8 00

DRY SALTS.

HYPOPHOSPHITES OF LIME, SODA, AND POTASSA, each, per ounce, net	$0 50
" MANGANESE	0 50
" QUININE, in ¼-oz. bottles	1 50

N. B.—The use of *Hypophosphite of Iron*, in Consumption and Chlorosis, is considered to be contra-indicated, and I do not, therefore, prepare this salt. (See opinions of Dr. CHURCHILL and M TROUSSEAU, in TREATISE.)

☞ Orders for my Preparations can be addressed to either of the Wholesale Drug Houses of New York; to my Wholesale Agents, or to

J. WINCHESTER,

At the Sole General Depot, 43 John street, N. Y.

DR. CHURCHILL'S TREATISE ON CONSUMPTION.

Second Edition---With a Copious Appendix,

IS NOW READY, containing the Report of Dr. Quain, of the Brompton Consumption Hospital, London, adverse to the use of the Hypophosphites, with an Analysis of the Report, by the Publisher : also, the Chemistry of the Hypophosphites : Reports of Cases, by Drs. Townsend, Walton, Benj. Weeks, Gibbs, and numerous others in America : Dr. Dickson, and others, of Great Britain—ALL sustaining Dr. CHURCHILL, and enthusiastically testifying to the INVARIABLE EFFICACY of his TREATMENT. Sent GRATIS to Physicians and Invalids. Address

J. WINCHESTER, Publisher, 43 John st. N. Y.

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS,

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P. . . . $0 37½
Aloes et Assafœt: U. S. P. . 37½
Aloes et Ferri . . . 37½
{ Pulv: Aloes, Socot: ½ gr.
{ " Zingib: Jam: 1 gr.
{ Ferri Sulph: Exsic: 1 gr.
{ Ext: Conii ½ gr.
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
{ Pulv: Aloes Socot:
{ " Sapon: Hispan:
{ " Fruct: Colocynth:
{ " Gambogiæ
{ Oleum Anisi
Anti-bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . 37½
" Comp: (Plummer's) 3 grs. . 37½
{ Calomel
{ Oxysulph Antimony
{ Guaiacum Resin
Calomel et Opii . . . 37½
{ Calomel 2 grs.
{ Opium 1 gr.
Cathart: Comp: U. S. P. . . 37½
Cinchon: Sulph: 1½ grs. . . 50
Cook's, 3 grs. . . . 37½
{ Pulv: Aloes Soc: 1 gr.
{ " Rhei 1 gr.
{ Calomel ½ gr.
{ Sapo Hispan: ½ gr.
Colocynthidis Comp: 3 grs. . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . . 37½
Copaibæ et Ext: Cubebæ . . 37½
{ Pil: Copaibæ, 3 grs,
{ Ext: Cubebæ 1 gr.
Copaibæ Comp: . . . 37½
{ Pil: Copaib:
{ Resin Guaiac:
{ Ferri Cit:
{ Ext: Cubeb:
Fel Bovinum, . . . 50
{ Inspisated Oxgall 2 gr.
{ Powd: Jamaica Ginger, 1 gr.
Ferri (Quevenne's) 1 gr. . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . 37½
Ferri Comp: U. S. P. . . 37½
Ferri Iodid: 1 gr. . . . 50
Ferri Lactat: 1 gr. . . . 37½
Ferri et Strychniæ . . . 62½
{ Strychniæ 1-60 gr.
{ Ferrum per Hydrogen (Quevenne's) 2 gr.

PIL: Ferri Valer: 1 gr. . . . 75
Ferri et Quin: Cit: 1 gr. . . 50
Ferri et Strychniæ Cit: 1 gr. . . 37½
{ Strychnia Cit: 1-50 gr.
{ Ferri Cit: 1 gr
Galbani Comp: U. S. P. . . 37½
Hooper (Female Pills) . . 37½
Hyd argyri, U. S. P. 3 grs. . 37½
Ipecac et Opii, 3½ grs. . . 37½
Pulv: Doveri, U. S. P.
Opiii, U. S. P. 1 gr. . . 37½
Opii et Camphoræ . . . 50
{ Pulv: Opii, 1 gr.
{ Camphoræ, 2 grs.
Opii et Plumbi Acet: . . 37½
{ Pulv: Opii, ½ gr.
{ Plumbi Acct: 1½ grs.
Quiniæ Sulph: 1 gr. . . . 75
Quiniæ Sulph: 2 grs. . . 1 25
Quiniæ Comp: . . . 1 00
{ Quin: Sulph: 1 gr.
{ Ferrum per Hydrogen (Quevenne's) 1 gr.
{ Acid Arsenious 1-60 gr.
Quiniæ et Ext: Belladon: . . 62½
{ Quiniæ Sulph: 1 gr.
{ Ext: Belladon: ½ gr.
Rhei, U. S. P. . . . 37½
Rhei Comp: U. S. P. . . 37½
Scillæ Comp: U. S. P. . . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
{ Pulv: Aloe Scott:
{ Gum: Mastich:
{ Flor: Rosæ
Zinci Valerian: 1 gr. . . 75
GRANULES, Acid: Arsenious, 1-20 gr. . 25
" " 1-50 gr. . 25
Aconitia, 1-60 gr. . . . 50
Atropia, 1-60 gr. . . . 50
Corrosive Sublimate, 1-12 gr. . 25
Digitalin, 1-60 gr. . . . 50
Elaterium (Clutterbuck's) 1-10 gr. 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr. . 25
" Nux Vomica, ½ gr. . . 37½
Mercury Iodide, ¼ gr. . . 25
" Red, 1-16 gr. . . . 25
Morphia Sulphate, 1-10 gr. . . 37½
" " 1-6 gr. . . 50
" Valerianate, ⅛ gr. . . 62½
Quinia Valerianate, ½ gr. . . 1 00
Silver Nitrate, ¼ gr. . . 37½
Strychnia, 1-20 gr. . . 37½
" 1-40 gr. . . 37½
Veratia Sulphate, 1-12 gr. . . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 180, 1y

J. M. MIGEOD,

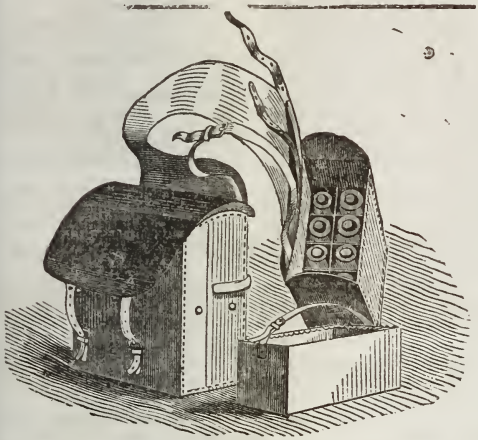
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50
No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50
No. 3, containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " 9 50
No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottle
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" 4 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,
Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

DENTAL INSTRUMENTS—TEETH.

JOHN KLINE,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, FINDINGS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 188

COLLEGE OF PHYSICIANS AND SURGEONS,

CORNER 23D STREET AND FOURTH AVENUE,

NEW YORK.

FIFTY-FOURTH SESSION 1860-'61

EDWARD DELAFIELD, M. D., President of the College, and Professor Emeritus of Obstetrics.

ALEXANDER H. STEVENS, M. D., LL.D, Professor Emeritus of Clinical Surgery.

JOHN TORREY, M. D., LL.D., Professor Emeritus of Chemistry and Botany.

JOSEPH MATHER SMITH, M. D., Professor of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.

ALONZO CLARK, M. D., Professor of Pathology and Practical Medicine.

JOHN C. DALTON, JR., M. D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Professor of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOTT, M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy and Curator of the College Museum.

The Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures, $105. Graduation Fee, $25. Demonstrator's Fee, $5. Matriculation Fee, $5.

JOHN C. DALTON, JR., M. D.,
192—3m. *Secretary of the Faculty.*

A COURSE OF INSTRUCTION IN ANALYTICAL CHEMISTRY, therapeutical and practical, and with the especial view to the wants of the physician, will be commenced early in July. The course will close with the Analysis of Animal Fluids, Blood, Urine, &c.

Applications to be made at the laboratory of

J. M. MAISCH,
800 Arch Street.

Organic and Inorganic Analyses promptly attended to. 190

TRUSS

AND

BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with above, with flattering results. 175

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1860-'61.

FACULTY.

B. HOWARD RAND, M. D., Professor of Chemistry.
HENRY HARTSHORNE, M. D., " Practice of Medicine.
LEWIS D. HARLOW, M. D., " Obstetrics, &c.
WILLIAM S. HALSEY, M. D., " Surgery.
WM. HEMBEL TAGGART. M. D., " Materia Medica.
JAMES AITKEN MEIGS, M. D., " Institutes of Medicine.
WM. H. GOBRECHT, M. D., " Anatomy.
THEODORE A. DEMMÉ, M. D., Demonstrator of Anatomy.

The session of 1860-'61 will commence on Monday, 8th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

The Rooms for Practical Anatomy will be open early in September.

A Medical, Surgical, and Obsterical Clinic, is held at the College every Wednesday and Saturday.

Each second course Student is furnished with a ticket to the Pennsylvania or Philadelphia Hospital. *free of charge.*

Examinations are conducted daily by each Professor in his Department.

☞ Instead of the usual Introductory Lectures there will be but *one general Introductory;* after which the regular Lectures of the course will commence *without delay.*

FEES.

Matriculation, (paid once only,) - - -	$5 00
For each Professor's Ticket, - - - -	15 00
Graduation, - - - - - - - -	30 00

LEWIS D. HARLOW, M. D., *Dean,*
199—eowt01 *No.* 1023 *Vine, below* 11*th Street.*

DAILY WINTER EXAMINATIONS

IN CONNECTION WITH THE LECTURES

Delivered in the Jefferson Medical College

BY

D. D. RICHARDSON, M. D.,

Senior Resident Physician to Philadelphia Hospital, Blockley, and Demonstrator of Anatomy in Philadelphia School of Anatomy, and

JNO. W. LODGE, M. D.,

Formerly Resident Surgeon to Philadelphia Hospital, Blockley.

The Course of Instruction will embrace a full series of Examinations, which will be held each day at 9 A. M. and 3 P. M.

On the first of January the Review Examinations will be commenced, and continued during the lectures, thereby bringing the whole course delivered in *Jefferson Medical College* several times before the class, prior to their final examination by the Professors.

ORDER OF EXAMINATION.

Chemistry, Materia Medica, Obstetrics, } DR. RICHARDSON.

Physiology, Practice of Medicine, } DR. LODGE,

By arrangement, our Class will be admitted to Dr. Agnew's Examinations on Anatomy and Surgery.

Especial attention will be given to preparing students for the Medical Staff of the Army and Navy.

No effort will be spared in contributing to the thorough preparation pnd advancement of our class.

Dr. Richardson being Demonstrator of Anatomy at Dr. Agnew's, will enable him to assist the Class in their anatomical studies.

For further information, address

J. W. LODGE, M. D.,
123 South Seventh Street, Philadelphia, Pa.
198—ew Fee for the whole Course, $30.

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 201. } PHILADELPHIA, AUGUST 25, 1860. { NEW SERIES VOL. IV. NO. 21.

ORIGINAL DEPARTMENT.

Communications.

The present State of Ophthalmoscopy.

By Max Kuechler, M. D.

Of Newark, N. J.

No. 4.

Opacities of the vitrious humor are either fixed or movable; the former much more rarely than the latter. The investigations of Prof. Graefe of Berlin, and Müller of Würzburg, leave now no longer a doubt, that they are the consequence of intra-ocular hemorrhages. Shortly after their occurrence they appear, when the eye is illuminated, as dark cloudlets, possessing a reddish hue, which, as time progresses, changes to blackish. When the eye is moved, they generally float about hither and thither, but generally rise up when the eye is held still. At the lapse of two or three weeks they have generally arrived at the climax of thickening and darkening, (Fig. 2.) Then a

Fig. 1.

Fig. 2.

process of flocculent dissolution begins to take place, the opacity breaks up into small filaments, (Fig. 2,) which gradually become absorbed, and the fundus of the eye becomes clearer and more translucent. If perfect restoration takes place, which however is rare, it is completed at the end of six to eight weeks after the occurrence of the intra-ocular hemorrhage; in most cases membranous, filamentous, or flocculent obscurations remain, which make excursions when the eye is moved. If their distance from the retina is not too great, they throw, when the eye is illuminated, a shadow upon the back ground of the eye.

If the vitrious humor is abnormally fluid, these opacities sink downward, and they may be observed with the opthalmoscope, if the patient is directed to look downward; they appear often in their earlier stages, as more compact blackish opacities, while later they present more of a filamentous, flocculent solution. But if the vitrious humor is of normal consistency and the opacities offer a larger surface of resistance, then, of course, they are found to be situated more in the axis of vision, and the patient can only by a rapid motion of the eye remove them temporarily or partially from the field of vision. This motion of the eye is characteristic of patients affected with this form of disease, and settles the diagnosis with great certainty, without any ophthalmoscopic examination, as none can imitate the peculiarly rapid and jerking motion of the eyeball but those suffering from it.

Graefe has described a case in which crystals of cholesterine were found suspended in opacities of the vitrious humor, which are said to give to the opacity a most peculiar appearance. But these cases are rare.

Besides these forms of opacities of the vitrious humor, arising from intra-ocular hemorrhages, there is another form, which is readily overlooked, on account of its minuteness, and comes but exceptionally under our notice on account of its rarity. This is the punctiform opacity of the vitrious humor. Exceedingly small points, which even under the microscope appear but as fine granules or

corpuscles, and of no peculiar characteristic appearance, are suspended in the vitrious humor. If they happen to lie in the same plane, so that, on illumination, the focus of the opthalmoscopic lens may be thrown upon a whole group of them, they are easier of recognition, presenting the appearance of a fine transparent membrane, like a fine delicate veil. But if these opaque points are imbedded in different layers, and thus on different planes, they can scarcely be recognized, as they appear only like an extremely fine dust, so that even the expert ophthalmologist may easily overlook them.

The *cysticercus*, belonging to the entozoa, and which is sometimes found in the vitrious humor, might be here described as constituting one of the opacities of this part. But, as it also occurs in other parts of the eye, especially upon the retina, I shall defer its description, and detection by means of the ophthalmoscope, until I have finished the pathological ophthalmoscopy of the fundus of the eye.

Pathological Conditions of the Fundus of the Eye on Examination with the Ophthalmoscope.—The back ground or fundus of the eye, in its normal state, presents, when illuminated by the ophthalmoscopic mirror, a red color, of various shades however, in different persons. This is in consequence of choroideal pigmentation. The sclerotic, of all the different membranes of the fundus of the eye, reflects undoubtedly most light. In white rabbits, or in persons affected with albinism, we can very readily trace choroideal vessels piercing the sclerotic obliquely. But the darker and the more abundant the choroideal pigment, the more light, of course, is absorbed by it when we illuminate it, and the smaller is the amount of light that reaches the sclerotic, and is reflected from it.

It follows, hence, that the eyes of the negro-race are more difficult of ophthalmoscopic illumination, because their abundant choroideal pigment, absorbs so much light, that the illumination loses much of its intensity. From the same reason it is that the vessels of the choroid can be seen only in persons of very light pigmentation, while it is absolutely impossible where the choroid is strongly pigmented.

It was formerly long a debated question what caused the redness of the back-ground of the eye, and it was supposed to be connected with the retina. But the retina being an almost colorless structure, and it being observed that it may be seen through the ophthalmoscope as a foggy, misty membrane, it was then thought that the pigment of the choroid caused the redness. At present, however, we know that it is connected with the choroideal vessels. This gives us also an explanation of the *unequal* redness of the fundus of the eye. A larger choroideal vessel, distributing a greater number of branches around its neighborhood, will cause that portion to be of a deeper red, than a smaller vessel with but few branches. The choro-capillaries can not be demonstrated in man, (Græfe and Liebreich, after having long disputed about the matter, it was finally settled in favor of the latter,) and cannot hence be the cause of the red appearance.

While a more abundant pigmentation of the choroid obscures in the same proportion its vessels, the *retina*, on the contrary, under this condition, appears clearer and more marked, as a sort of bluish film or hue upon the dark-brown, red back-ground. When the pigmentation is less strong, the retina (only on examination with the upright image, however) shows itself by light, fine rays or stripes, radiating from the optic nerve towards the periphery, and gradually growing less distinct. At places, where retinal vessels run, the retina itself becomes more marked.

We shall next take up the foramen opticum scleræ et choroideæ and its relation to the optic nerve.

The New York Medical College is reported to have re-organized with twelve professors; course to commence September 15, and continue six months, with four lectures daily. The following are the names of the Faculty as far as selected: Drs. Carnochan, Daremus, Reese, Gardiner, Budd, Raphael, and Bronson, of this city, with Dr. M. A. Gallen, of Missouri, and Dr. C. C. Cox, of Maryland.—*Amer. Med. Times.*

A Case of Purpura Urticans.

By WILLIAM H. DOUGHTY, M. D.

Purpura, in any of its forms, its simplest as well as its most aggravated and alarming, is an extremely interesting disease, the more so, perhaps, because of its rarity and its insidiousness. Persons apparently in the best of health are sometimes made its unaccountable subjects, and when so occuring, as in the two cases reported in the Medical and Surgical REPORTER of 28th July, it certainly appears a great anomaly. To those who are accustomed to view it as a blood disease, this is the more striking since the altered condition of that menstruum which it is supposed to indicate, is such as to warrant the presumption of a slow, progressive agent or cause, whose destructive results have been attained by long continued influence.

The following is an imperfect history of a case of Purpura Urticans which came under our supervision last fall, in which its sudden appearance was well marked.

The subject was a female child, about five years of age, of good general health, of bilious lymphatic temperament, and descended from parents of good health and in good circumstances. About September 1st, she was observed to limp in running, and to manifest some fatigue under her usual exercise. An examination was instituted by the mother, who discovered several whitish rounded elevations, with hardened and reddened basis, and somewhat sore to the touch, on the inner side of the knee. No particular importance was attached to them, and simple frictions with spirits of camphor used for the relief of the soreness. Instead, however, of disappearing, these elevations degenerated into pure hemorrhagic discolorations and were soon followed by numerous others of different sizes, but confined entirely to the lower extremities.

At this time we were called, and found the following state of things: The general health of the child somewhat impaired, face pale and disposed to swell; eyes heavy with dark shades under them; complexion muddy and sallow, tongue furred white, from tip to base; irregular appetite with tendency to constipation; slight febrile excitement, with wandering pains of some severity through the back and extremities. An examination of the lower extremities revealed a number of hemorrhagic spots varying in appearance, and extending from the ankle to the groin. Some were disappearing with the yellow discoloration of ecchymosis; there were others of a deeply livid venous hue, of large size; and others again possessing the character of those first described were just forming. The latter were always succeeded by the former, and when pressed upon at any stage, evinced but little tenderness. Some of the elevations resembled closely the wheals and elevations of nettle-rash, yet were deficient in the excessive pruritus common to that disease, and moreover, instead of vanishing rapidly, left permanent discolorations. This was the course of many of these purpural spots, though some were primitive effusions of blood under and through the integuments. The largest of the latter that we saw, was about two and a half inches in diameter, and was formed in the course of two or three hours. But few were ever seen upon the body, and only one on the inner side of the arm just above the elbow. These spots continued to form for five or six weeks in irregular succession, and during that time the patient remained in a more or less feeble and delicate state. In the afternoon the feet would be swollen sufficiently to prevent her from walking.

The treatment of the case was as follows; Hyd. c. Creta 10 grs. at night, to be followed the next morning by Epsom salts and magnesia in suitable doses, so as to free the primae viae, correct acidity and alter the secretions of the alimentary canal. Throughout the entire period, the warm hip bath was used twice daily, to reduce feverishness, induce a free action of the skin, and for the relief of the wandering pains. Besides this, ferri muriatis tinct. gtts. vj. was administered in a small quantity of blackberry wine, three times daily. At the end of two weeks, little or no benefit had resulted from this course; the spots were still occuring and disappearing as before. Iodine and Sarsaparilla, in the proportion of three drops of Tinct.

Iodinii and ʒi Syr. Sarsapar. Comp. were then substituted for the other medicinal or constitutional treatment, and continued three weeks or more; at the end of which time every trace of the disease was removed, and the system of the child completely renovated.

When first called to this case, we were perplexed in a measure to know what to call it, as it resembled somewhat both Urticaria and Purpura. But upon referring to "Wilson on diseases of the skin," we were at once enabled to give it the above classification, the essential disease being Purpura and the urticarious appearances a mere modification. To the Sarsaparilla in the above treatment, we believe great efficiency must be accorded. We do not believe that the Iodine alone would have displayed such signal effects. We have used both agents alone repeatedly and have been greatly pleased with their effects in appropriate cases. But when combined, these effects are much enhanced. In the combination we prefer the Tr. Iodine to any other preparation, even the Iodide of Potassium. The Radix Sarsaparillæ used in the preparation of the compound syrup was that indigenous to the Southern States, the Georgia Sarsaparilla, as we have derisively heard it called. With us it has entirely superseded all other kinds, and from a somewhat extensive use of it, we can bear testimony to its superior efficacy in all cases requiring such an alterative and eliminating agent. We usually prepare the syrup ourselves, and employ the Stillingia in combination with it. The present disrepute of the preparations of Sarsaparilla is to a great extent attributable to the inert articles kept and prepared by druggists. My experience warrants me in asserting, that if physicians would prepare such articles themselves, they would be far oftener pleased than disappointed with their effects.

Finally in the cases reported by Dr. Calhoun, an incidental allusion was made to the cause of Purpura. "*Vegetables formed no part of the diet of either of the patients.*" The diet in the case reported by us was not quite so exclusive, though not far removed; meats, pastry and fruit, with very few vegetables, were the preferred diet of the child. After treatment was commenced rice, hominy and such like were chiefly advised, not, however, under any apprehension that an absence of vegetable food had anything to do with the causation of the disease.

On Hæmatine and its Detection.

By J. F. Heller, M. D.

(Translated from "Zeitschrift der Aertzte" of Vienna, by J. M. Maisch, of Philadelphia.)

(Concluded from page 417.)

Detection of Blood in Vomits, Fæces, Exudations, Cysts, &c.—Vomits and fæces contain blood, frequently in a macerated, partly digested condition, so that neither the red color nor the blood cells can be seen. This is the case with vomits if the blood had remained in the stomach for some time, and with fæces, if the blood has entered the stools from the higher intestinal tract; the peculiar color may invariably be more or less observed if the bleeding took place in the rectum. It is most difficult to detect blood in the secretions in the so-called melæna, where the microscope is of no avail for this purpose.

Vomited liquids occasionally possess a pale red color, like meat-juice.

A. Vomits may be red.

1. From hæmatine, or dissolved blood;

2. From the red modification of biliphæine, altered in the stomach.

These two liquids can not be distinguished without chemical tests.

1. In the presence of hæmatine, the liquid

a, Contains albumen, though it may be in small proportion;

b, When mixed with an equal bulk of normal urine, boiled, and agitated with caustic potassa, the earthy phosphates with hæmatine are separated;

c, The dried coagulated albumen contains iron.

2. If the color is due to the modified red biliphæine, then

a, The above tests, at least the one after the addition of urine, give a negative result;

b, The red color rapidly changes to yellow after the addition of nitric acid; hæmatine preserves its color for a much longer time;

c, The evaporated liquid is treated with alcohol, acidulated with sulphuric acid, the evaporated filtrate is ignited, and the ashes tested for iron.

B. The pale-brown and discolored vomits may be colored by many victuals, or by altered hæmatine. I have always obtained the most reliable reaction with urine, etc.; the blood-red color is in great contrast with the dirty color of the liquid. The presence of albumen, however, is constant. All this applies likewise to liquids excreted per anum.

We have now only to consider the semifluid melænotic masses of vomit, or stools. Colored vegetables, many berries, pulps, etc., may be the causes of their dark, nearly black color.

1. A portion is treated with distilled water, filtered, and the filtrate tested for albumen;

2. A portion is treated with diluted potassa, the filtrate is mixed with urine, and treated as above;

3. A portion is diluted with water, acidulated with sulphuric acid, whereby vegetable colors turn red, and then treated with an excess of alkali; the vegetable pigments assume a blue or green color;

4. The ashes of the masses colored by vegetable pigments, are white; melænotic masses yield rust brown ashes, from the large amount of iron of the hæmatine.

The ignition must be promoted towards the end, by moistening with nitric acid. Iron is best detected by dissolving the ashes in a few drops of concentrated muriatic acid, and diluting the brownish solution to a colorless mass; sulphocyanide of potassium now produces a deep red color. In a single drop of blood, the iron may thus be detected.

Detection of Hæmatine in Blood Spots.—It is frequently very difficult to detect, with that certainty necessary for forensic analysis, blood which has either dried upon metals, stones, walls, etc., or been imbibed by porous material, like wood and clothes. My experience, as forensic chemist has taught me the difficulties which accompany the various methods recommended for this purpose; the one which answers extremely well in one case, may be entirely useless in a second. This may be owing—

1. To the quantity of blood;

2. To the age of the spots;

3. To the place where the corpora delicti have been kept; dampness induces mouldiness and putrefaction;

4. To the means employed for removing the blood.

The experienced chemist will usually be able to select, at once, the way by which the best results may be expected. Every reliable test is a great gain; it is sufficient merely to refer to the valuable contributions of H. Rose, C. Schmidt, Brücke, Teichmann, Bryck, and others.

The chief aim is usually the recognition:—1, of the blood cells; 2, of the hæmatine; 3, of the constituents of the serum. The detection of crystals of hæmine deserves attention, particularly if the amount of blood is very small; but sometimes they cannot be obtained, and Professor Bryck has pointed out such cases.

The solution of hæmatine may be always effected, but the difficulty is then frequently to prove its presence; my test, as given above, will materially aid its detection.

For this purpose the aqueous solution of the coloring matter is employed; when concentrated, it is mixed with an equal bulk of urine, or a sufficient quantity to contain an observable amount of phosphates. After boiling, a concentrated aqueous solution of potassa is added, agitated, heated, and set aside. With much less than half a drop of blood, the reaction will be very evident.

1. On the addition of potassa, a bottle-green coloration is produced;

2. The deposited phosphates are blood red, under the microscope amorphous and yellow;

3. The green liquid will now become lighter;

4. When remaining under the liquid, the phosphates will gradually discolorize.

All the other precautions have been mentioned above. This test, which is so well adapted for the detection of blood in se- and excretions, I believe also to be very valuable for forensic analysis, together with the preparation of hæmine.

Iodide of Potassium and Belladonna in Acute Inflammatory Rheumatism.

By Wm. Henry White, M. D.,
Of Summit Hill, Pa.

In looking over the reports of the various Medical Societies, constituting those of the State Medical Society of Pennsylvania, I noticed in one for 1858, that the iodide of potassium, combined with the extract of belladonna, had proved highly successful in a number of cases of acute inflammatory rheumatism. Having a case under treatment at the time, of a very severe character, in which the usual remedies had been resorted to, such as colchicum, Dover's powder, &c., with but little or no decided result, I changed for the above, giving it in ordinary doses every two or three hours.

In the course of four or five days the patient was enabled to get around the house quite nimbly, though previously confined to his bed for about three weeks.

Another case was that of a man, D. L., some thirty-five years of age, who, eleven years since, had a severe attack, which lasted for three months, and three years ago had a similar one, the treatment for which was bleeding freely, with other antiphlogistics; which, judging from his account, was attended with little benefit. About two weeks back he was seized with severe pain and swelling in his knees, hips and one shoulder, with considerable inflammatory action throughout the system, which continued for three or four days, without medical advice, and constantly growing worse. His treatment consisted of the following:

℞. Potass. iod.		ʒij.
Tr. belladon.		ʒij.
Aq. cinnam. q. s. ft.		℥iv.
		Mixture.

Of this a teaspoonful was given every four hours.

In twenty-four hours the patient was considerably improved. In forty-eight hours was a great deal better, one hip being all he complained of, except the stiffness in the other joints, and considerable pain in the head.

Ordered a dose of calomel and jalap to be taken, and a rubifacient oil to be applied to the hip, as well as a continuance of the former medicine.

Next day but one, he walked up a hill a mile long, under the rays of a scorching sun.

———o———

The German Association of Naturalists and Medical Practitioners, will hold its thirty-fifth annual meeting at Koenigsberg, from September 16th to 22d. Letters to be addressed to Professors Rathke and Wittich, the managers.

———

The Census of 1860.—The national census which is now being taken has progressed sufficiently to present evidence that the rate of increase of population has exceeded that of any previous decennial period.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. F. Meigs.

Leucorrhœa, Pleurisy, Diabetes—Importance of Examing the Urine in Hospital and Private Practice—Tests for Diabetes; Neuralgia Caused by Exhaustion—Importance of Rest; Intermittent Fever—Typhoid Fever—Lead Poisoning.

Leucorrhœa, pleurisy, diabetes; Importance of examining the urine in hospital and private practice.—This case is that of a woman about 37—40 years of age; married; has had children, and been a hard working woman all her life. She came into the hospital to be treated for leucorrhœa, with which she had been affected for some time, and a slight procidentia uteri.

A very remarkable feature in this patient, is a very obvious difference in the shape of the two sides of the chest. The left side appears flat, the right full; the left infra-clavicular and mammary space is very much sunken. On measurement, the distance from the middle of the sternum, around the chest, to the spinous process of one of the dorsal vertebræ, on the right side, is found to be sixteen inches; while from the same points, around the left, it is but twelve and a quarter. This contraction on one side is evidently the result of pleuritic adhesions, which have firmly bound down the lungs, and prevent them from extending to their full capacity.

She states, that seven years ago she was attacked with severe pain in her side, had some fever, and though sick enough to go to bed, had not done so, but kept on working. It is astonishing how patients suffering under disease so acute, and of thus serious results, will bear up under it.

Neither the leucorrhœa, nor the results of an old pleurisy, however, are the most serious diseases from which she now suffers. She is also affected with diabetes.

One day, while examining her closely in reference to the first disease, for which she entered the house, Dr. Read, the resident physician, inquired particularly into the state of her urinary apparatus. The patient stated that she made water very freely, much more so indeed than formerly; that she had observed this for months back, and since April last had not been well, and had been losing strength and flesh.

Examination of the urine.—The specific gravity of the urine, in this case, is as high as 1000.30, while normally it should be only 1000.17 to 1000.20.

Moore's test.—On boiling some of the urine with liquor potassæ, the peculiar reaction of grape sugar is at once shown, in the formation of first a yellow tinge, rapidly changing to a deep-brown, and finally ruby-red color.

Trommer's test also leaves no doubt as to the existence of sugar in the urine. Adding to the urine some liquor potassæ, then a small quantity of a solution of sulphate of copper, on boiling in a test-tube, the blueish tint of the solution is soon seen to change to a greenish hue, then rapidly to yellow, and a copious light red precipitate of the suboxide of copper is thrown down.

A third test resorted to, was that introduced first by *Dr. Bottger*, a few years ago, (see MEDICAL AND SURGICAL REPORTER, vol. 1, Oct. 8th, 1858, p. 28.) It consists of adding to some urine, in a test-tube, an equal volume of a solution of carbonate of soda, (three parts of weight by water to one part of crystalized carbonate of soda,) and then of the subnitrate of bismuth, as much as can be held on the point of a knife. If the white subnitrate of bismuth, after boiling, shows but the least blackish or greyish tinge, the presence of sugar in the urine is definitely indicated, as no other substance found in the urine, except grape sugar, possesses the property of deoxydizing the nitrate of bismuth down to the suboxide.

This test, also, showed the existence of sugar in this patient's urine. There is hence no doubt that she is suffering from diabetes; and the case forcibly illustrates the necessity of resorting to chemical and microscopical examinations of the secretions, as thereby we will frequently be enabled to discover disease, the symptoms of which may have been entirely ignored, or attributed to other causes.

Neuralgia; Importance of rest in Neuralgia, caused by Exhaustion.—The patient, a man about 35 years of age, entered the hospital a few days ago, suffering from very severe pain in the left lumbar region, and in the intercostal spaces. A careful examination of the case shows it to be one of local neuralgia.

The treatment consists of a blister over the painful part, and quinine, with the tincture of nux vomica and the compound tincture of bark internally; the latter remedies being indicated, because the case seems to be connected with nervous exhaustion. Dr. Bennett, in his works, speaks of neuralgia by exhaustion, and one of the most important essentials in these cases is tonic treatment, together with rest. Loss of sleep in women, Dr. Meigs remarked, is one of the most frequent causes of neuralgia; he had seen many instances of women who, nursing their children at night, and being deprived of sleep, besides worn out by domestic duties during the day, became the victims of very severe attacks of neuralgia, which only yielded after the use of arsenic, iron, quinine and strychnine, and an adequate amount of *rest* and *sleep*.

Intermittent fever; enlargement of the spleen and liver.—William Henry, 22 years of age, seaman, came from Rio Janeiro three weeks ago. He had been sick in South America, during May or April last, and from the description which he gives of his symptoms, he was evidently suffering then from intermittent fever.

On last Saturday he was attacked with a chill at 4 o'clock in the afternoon; Sunday he escaped; Monday he had another attack at 2 o'clock; and on Wednesday another at noon. This illustrates, Dr. Meigs remarked, the tendency which intermittent fever assumes, when left to nature, to run into the quotidian form. It was Sir Edward Forbes who said, that to study the natural history of disease is one of the most important subjects of medical science. Dr. Meigs recollected an exceedingly well marked case of intermittent fever, which illustrated amply the natural history of this disease. The patient was a young woman, under *homœopathic treatment* for six weeks, having had first the tertian and then the quotidian form of intermittent fever, until she was reduced to the verge of the grave, her system exsanguinated and her blood thin and colorless, so that she was almost "diaphanous." This is the natural history of the disease, which, fortunately for the patients, and thanks to our progressive science, we are rarely permitted to see. By porter, beefsteak, and quinine, however, she was cured.

The patient, William Henry, has enlarged spleen and liver, the latter projecting several inches below the margin of the ribs, as indicated by the flat sound on percussion. He is taking sixteen grains of quinine per day.

In intermittent fever, too, it is very important that the patient should keep rest. Lying in bed in profound rest will often ward off a chill.

Typhoid fever.—William Worrett, 28 years of age, a carpenter by trade, came into the hospital on Wednesday last, (August 15.) He had been to work at his trade on Friday, although for some days previously not perfectly well. The sensation of lassitude and feebleness became so severe that afternoon that he laid down to sleep on the spot.

Next day he was still worse, and when seen by Dr. Meigs first, at his boarding place, the patient had a pulse of 132, great thirst, headache, epistaxis, and was somewhat delirious. He has had no diarrhœa as yet.

The peculiar lenticular rose-colored eruption of typhoid fever is exceedingly well marked in this case. It covers his chest, abdomen, neck, upper and lower extremities, most abundantly. There are sibillant râles on both sides of the chest, indicating bronchitis.

Lead poisoning.—Julius Karl, a German, who had been in the city but three weeks, after coming from a journey in the West, presents a condition of general debility, and complains of severe colicky pains in his bowels; he has constipation, and is occasionally vomiting. The lungs, heart, liver and spleen have been examined, and found perfectly healthy. There is neither sugar nor albumen in the urine.

On looking at his gums, the edge of the teeth is seen lined by a thick bluish line (Barton's) which is looked upon as a sure indication of lead poisoning. His belly is contracted.

He has been put under iodide of potassium, with the object of eliminating the lead from the system by the various emunctories. His bowels are kept open by castor oil and injections, while opium is at times administered at night, when he suffers from insomnia.

EPISCOPAL HOSPITAL.

Service of Dr. Kenderdine.

[Reported by Henry R. Tilton, M. D., Resident Physician.]

Cases of Injury followed by Tetanus; Extensive Burns, Fracture of Leg, Tetanus, Death, Autopsy—Compound Fracture Ulna, Tetanus, Death—Fracture of Pelvis, Femur, Trismus, Recovery; Complicated, comminuted Fracture of Arm, Amputation, Recovery; False Anchylosis of Elbow-joint—Division of Cicatrix, Cure.

Extensive burns, Fracture of leg, Tetanus, Death Autopsy.

Thos. ——, aged 20, admitted for injuries received at a fire. Both arms were burned from shoulders to fingers, the back extensively but not deeply, the fronts of both thighs, the right leg broken and a deep burn over it. The burns would come under the third head of Dupuytren's classification. The fracture was oblique and the lower end drawn up. Prostration was excessive, requiring free stimulation by opium and wine. The burns were poulticed to cleanse them from cinders, and the limb drawn down and placed upon a posterior carved splint. In a few hours he had two convulsions and afterwards was delirious; on the second day he seemed to have reacted, though still wandering. On the fifth day he had slept well, delirium gone, temperature natural, respiration and pulse but little excited, asked for more food, the burns discharging and looking well.

Sixth day the same; seventh day while eating, complained of pain in swallowing and had a slight fit; when this had passed off, he took some opium and camphor. About midnight we were called to the patient and found him in intense agony, convulsions frequent and violent. The facial muscles rigid and countenance distorted; the recti being gathered up in knob-like lumps, between the lineæ transversæ, and giving a drum like sound when percussed; the limbs though stiff could be moved. He was sweating very much, mind was clear.

One grain of morphia was given him and ice applied to the spine in a section of the large gut of the hog, as recommended by Todd; the spasms increasing, we attempted to bring him under the influence of chloroform and ether, one part to three, but the smell of the mixture evidently increased the spasms, during one of which he bit his tongue, and the blood flowing freely from the mouth presented one of the most frightful pictures of suffering we have ever seen; the attempt was abandoned. Brandy, beef, tea and opium were freely given, a grain of the latter every hour, and adhering to Curling's rule, viz: After full, but not inordinate doses once or twice repeated without benefit, it be a will useless waste of time to persevere in it; it was after the lapse of some hours substituted by Ext. Hyoscyami gr. ij. Ext. conii. gr. ij. every hour, but without avail, the spasms increased, and at the end of the third day, or the eleventh day after the injury, he died.

On the following day the limb was examined at the seat of fracture and the anterior tibial nerve found torn and pressed upon by the fragments; no examination of the body was permitted. This case affords a refutation of the doctrine taught in some works on surgery, that discharges cease when tetanus supervenes; they did not in this case and some of the granulations cicatrized while he was suffering.

Compound fracture of Ulna—Tetanus—Death.—Gotlieb S., aged 14, fell from a tree and received a compound fracture of the ulna two inches below the olecranon. The integuments were much torn and bruised, filaments of the ulnar nerve were torn across and could be seen in the wound, the end of the bone protruded, probably drawn backwards by the triceps.

The arm was nearly extended, the bone replaced, the wound drawn together by adhesive plaster, and cloths wet with lead water, and laudanum applied. A full dose of morphia was given. There was great difficulty in retaining the fragment in position; splints could not be applied from the swollen condition of the arm. He was very restless; anodynes were freely given.

On the evening of the second day he complained of great pain in breathing and in the pit of his stomach, subsequently had several convulsions and the body became arched. Cold as in the preceding case was applied to the back, and Ext. Conii. gr. ij. chloroform gtt xxx. given every hour without benefit. He died on the second day, or the fourth after admission.

Fracture of pelvis, of the femur below the trochanter —Trismus—Recovery.—This patient aged 45, was admitted with the above fractures besides various bruises, having been caught in the fly wheel of an engine; he was much prostrated; wine and morphia were given and in a few hours he commenced to react. As he dreaded axamination he was etherized, and Dr. Kenderdine found that the corner of the ilium was broken, but not displaced; the femur broken just below the trochanter and the upper fragment tilted forwards by the action of the iliacus internus and psoas muscles, and the foot everted.

The patient was laid upon his back and both limbs placed upon a double inclined plane and fastend to a foot board. He was purged with pil. cath. comp. and the bruises bathed with oil of St. Jonh's Wort, morphia at night. He thus continued until the fourth day, when on the evening of this day he became very restless, said he felt a cord around his waist and breathed with difficulty; the muscles of the face became rigid and jaws firmly closed. An attempt to open the mouth caused frightful grimace; his mind was clear, he was low spirited and thought he should die before morning; a grain of morphia was given and chloroform and conium as in the preceding case; the room darkened and kept quiet. This seemed to quiet him and arrest the nervous disturbance. In forty-eight hours the muscles were much relaxed and on the fourth day the jaws could be opened, nothing but the soreness resulting from the spasms, remaining. The limbs were retained on the double inclined plane as long as he would submit, then the broken limb was placed on a single one. He recovered in ten weeks; the limb was three quarters of an inch short and the upper fragment projecting slightly. He walked very well.

Complicated, comminuted fracture of Arm—Amputation—Recovery.—R. M. aged 56 was admitted for injuries received in a cotton mill. The arm had been caught in cogg-wheels and was broken in seven places at almost equal distances apart and stripped of flesh; just above the elbow the skin was almost as smoothly divided as if done by a knife. As it was evident the limb must be removed, the incision was continued from this point around the arm, the flaps reflected and muscles divided above the contused portion. The flaps were drawn together by adhesive plaster and dressed with cerate. In two days there was profuse suppuration, but the wound healed rapidly and he was discharged. Subsequenly a small abscess formed, and a spicula of bone discharged; he was treated as an out patient and soon recovered.

False Anchylosis of elbow joint from Burns—Division of Cicatrix—Cure.—J. McN., a lad 8 years old, was admitted, with his forearm flexed upon the arm, at a very acute angle by a band of cicatricial tissue, resulting from a burn, involving the arm and side of the body. The case is almost a counterpart of the one illustrated by Dr. Little on page 195 of his useful work on deformities. The web-like band was an inch and a half deep and nearly half an inch thick. As it was deemed useless to attempt to restore motion by mechanical contrivances, the band was drawn tense and freely divided down to the tendon of the biceps, just opposite the joint and the limb extended on an inside splint, having a joint corresponding with the elbow, so that its position could be altered at will by a Stromeyer's screw. The wound was dressed with lint soaked in oil, and when the granulations became florid and bleeding, the lint was wet with chloride of zinc gr. ij. to water f℥ j. The wound healed slowly in consequence of the motions used to prevent contractions, for after the first week the angle was changed daily. In four weeks there was a linear cicatrix and the motions of the joint almost equal to the sound one. We have watched this boy for some months playing around the Hospital; there is no tendency to contraction and motion remains perfect.

EDITORIAL DEPARTMENT.

Periscope.

Three cases of Purpura.—We publish another article to-day, in our original department, on the subject of purpura. These cases are interesting. In order to render the literature of the subject still more complete, we give the abstract of several cases recently described by M. Warner before the Societè de Medicine du Departement de la Seine, as published in the *Gaz. Hebdomadaire*, (July 6th.) It will be seen that the first case somewhat resembles those published by Dr. Calhoun, in a former number of the *Reporter*.

The first of the three patients was a very robust young soldier, who was suddenly taken,

at night, with a chill and very severe pain in the lumbar region; on the next day intense general artralgia set in.

On the third day he entered the hospital, and presented the aspect of a man suffering from acute articular rheumatism. There was well-marked fever, swollen face, furred tongue, thirst, general debility, acute pain in the limbs, extending to the joints.

On the next day, the fourth, there appeared on the shoulders two black ecchymoses, surrounded by a violet and elevated circle. Each one of these ecchymoses was as large as the palm of the hand. Fever, thirst, etc. continued.

On the fifth day, smaller and less dark ecchymoses appeared on the belly and the thighs; the fever abated.

At the end of this day still more improvement; the ecchymoses of the abdomen and inferior extremities became pale and disappeared. Those on the shoulders were covered with small phlyctenes, which coalesced, forming a large swelling, resembling bloody serum.

The ecchymoses then hardened, their margins became raised, and they detached themselves from the centre towards the periphery, at about the fifteenth day, leaving, after falling off, a suppurating surface, which soon cicatrized. At the end of a month the patient was well.

The treatment consisted in the administration of sulphuric acid in large doses.

In the *second* case the disease was mild and characterized only by small ecchymotic eruptions on the inferior extremities. These succeeded each other in crops. The general health is perfectly good.

The third case is that of a chronic purpura, terminating in death.

After a chill, the patient became feeble and lost his appetite; he experienced no pain; as soon as he lost his color, black spots showed themselves on the skin.

He entered the hospital in a state of extreme debility; the face and the whole body was very pale; here and there, on the trunk and the limbs small ecchymotic spots were disseminated.

At the end of a few days, and in spite of an energetic tonic and sustaining treatment, (mineral and vegetable acids, quinia, wine,) epistaxis, and similar hemorrhages supervened, the patient sank and died.

The *autopsy* revealed ecchymoses in the subcutaneous cellular tissue, the peritoneum, the pleura, over all the abdominal viscera, and a tubercular degeneration of all the deep-seated lymphatic glands, extending to the terminus of the thoracic duct; the duct itself was permiable through its whole extent. Spleen diffluent.

During the discussion on these cases, M. Bergeron stated, that in two cases of acute purpura, one observed by himself, and the other by M. Hiraud, a chemical examination showed a defibrinated state of the blood.

Erectile Tumors.—Dr. Daniel Brainard, published, in the Chicago Medical Journal for June, an extended essay on the pathology and treatment of erectile tumors. He sums up the relative merits of the different methods of treatment as follows:

I. Excision should be performed in every case where the size and situation of the tumor will admit of its being performed. This is almost as much a rule in these cases as in cancer. The exceptions are the slight cases which may be trusted without treatment until they increase in size.

II. When excision would cause too great a loss of substance, danger from hemorrhage, or when, from any cause, excision is objected to, strangulation is to be preferred next in order and whether effected with ligature alone, or with needles or other means, it should always, if possible, embrace the whole diseased structure.

III. In limited superficial naevi and erectile tumors, particularly if placed over bony surfaces, compression will often diminish, if not cure, the disease.

IV. In deep-seated tumors, particularly aneurisms by anastomosis, cauterization with the hot needles is an extremely efficient remedy, either by itself or in connection with other means.

V. Setons or metalic needles may be used in the venous forms of the disease. They are more effectual when placed, to some extent, in sound tissue.

VI. Ligature of the principal artery leading to the part, is adapted to the variety called aneurism by anastomosis, the accidental thrilling variety, and particularly to that variety situated in the orbit of the eye. I believe, however, that it is more dangerous and less necessary than is generally supposed.

VII. Vesicants, escharotics and caustics, are adapted to complete a cure, when a small portion of tissue remains after excision, strangulation or seton. They are uncertain and little to be relied on.

VII. A combination of several of these methods of treatment will often be found advisable.

Reviews and Book Notices.

The Anatomy and Physiology of the Placenta; the Connection of the Nervous System of Animal and Organic Life: by John O'Reilly, M. D., Licentiate and Fellow of the Royal College of Surgeons, Ireland, etc., etc., pp. 111, New York, 1860.

Whatever other peculiarity the present age may possess, it is emphatically the age of books, and the fertility of the unworked fields of the broad domain of the science of medicine offers unsurpassed inducements to the scribe. The obscurity of many of the phenomena of life causes physiology to be an almost boundless theme for conjecture and speculation, and the dreamer is not satisfied until he embodies his dream and its interpretation in some long, labored paper, or in an elegant quarto volume, and, whether it be in merely observing the chemical and mechanical relations of the various organic functions, or soaring higher to the contemplation of the respective merits of the anthropomorphic and pantheistic conceptions of the human soul, or in chasing a vital principle, the result is often the same—the confusion of the very subjects it is attempted to elucidate.

The volume before us, evidently the work of a subtle mind, consists of a mass of facts confused and entangled in the meshes of a large amount of wild theorizing. We are fully convinced, with the author, that the doctrine he advocates, in regard to the anatomy and physiology of the placenta will be deemed hypothetical, but we cannot admit that the depuration of the blood takes place in the placental lobules under the influence of the organic nerves, if the child *did* "leap in the womb of Elizabeth, on the entrance of Mary," because, up to this time no organic ganglia of nerves have been discovered in the placenta, and we do not, in the present state of physiology, consider ourselves justified in assuming anything as a fact which has not been demonstrated; this, however, does not exclude that in the future, Dr. O'Reilly's theories may not be found correct.

By a few terse paragraphs the analogy between the liver and the placenta is indicated. "The vena-porta and the hepatic arteries represent the hypogastric and uterine arteries, whilst the hepatic vein represents the umbilical vein," and by drawing the comparison a little closer, its resemblance to a conglomerate gland is effected, the uterine veins representing the biliary ducts, both having as their function the removal of excrementitious matter, the former from the maternal or fœtal blood, the latter from the portal circulation. The theory that the fœtus receives oxygen from its mother's blood by the process of endosmosis is discarded on account of the disastrous results that would follow the union of the carbon of the fœtal with the oxygen of the maternal blood, there being no mode of escape for the carbonic acid necessarily formed, but *why* it should not, if formed, take as good care of itself here, as in any other distal portion of the body we cannot determine, unless it is, as our author declares, because there is "no trachea or bronchial tubes to carry it off." We quit this portion of the book, fully agreeing with its author that "it should be of no consequence by whom the true solution of an abstruse question is found, provided it *can be proved to be correct.*"

The portions of this work devoted to a consideration of the "connection of the nervous centres of animal and organic life," afford another evidence of the futility of all theorizing in regard to subjects of whose nature, we, as yet, know nothing, and perhaps the greatest impediment to the correct understanding of their physiology is the mysticism which has been thrown around it by the attempts to explain theoretically and speculatively that which does not, with the facts now in our possession, admit of positive demonstration. In this, Dr. O'Reilly maintains that life itself is the immaterial result of the influence of oxygen upon the organic nerve-centres, that this *aura vitæ* is distributed equally throughout, and presides over all the functions of the organism; thus far, this is certainly plausible enough, but we cannot go so far as to believe that because the immaterial agent—Life—is situated in the organic nervous system that life itself is communicated to every action over which it presides, and even the secretions of such actions, though an Irish fool exclaimed, as the author quotes, when his semen was being discharged—"murder! murder! the life is leaving me." We would rather retain the "Lilliputian idea," even with suspicion of "fratricide."

It is evident that Dr. O'Reilly does not understand the process of respiration when he thinks it necessary for the life-influence to prevent the formation of carbonic acid, when oxygen is passing in and *carbon out* through the lungs. Remembering that no carbon whatever passes out through these organs, but that the carbonic acid is generated in the tis-

sues, and enters the lungs already formed, we can dispense with such friendly interference of the ganglionic nerves.

It must indeed be deemed a "heresy," to promulgate new doctrines to overthrow old ones, unless founded upon "unquestionable facts." We must close this unavoidably short notice by assuring the author that it is not quite likely he will "detract from the reputation" of Prochaska, Bichat, Richeraud, and others, by writing upon a subject "which, during a period of twenty years, whilst actively engaged in the practice of medicine and surgery, he never bestowed a thought on."

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, AUGUST 25, 1860.

"CUI BONO?"

In Paris the most learned and astute members of the Imperial Academy have for some months been ventilating their opinions on "first principles" generally, and their "medical faith," specially.

Are you an advocate of Chemism, my dear Sir, or do you defend Vitalism, *mon cher confrére;* are you wedded to Organicism, or do you pin your faith on that abominable doctrine of Mechanicism?

These were the questions which the illustrious savants hurled at each others' heads with most amazing rapidity, and as we have imagined to ourselves the scene from a transatlantic perspective, it reminded us of those fine winter afternoons, which we spent in that beautiful game of "snow-balling." First a hundred feet apart, getting ammunition ready; then a well-aimed fire at a distance; then a rush, a promiscuous firing at friends and foes, a confused mass of heads, legs, arms and snow, winding up with a general "wash." Gradually an emerging of glowing heads and faces out of the snow, a general shaking of hands, brushing of jackets, and a rush home.

The Imperial Academy of Medicine has been hugely enjoying one of these fine games of scientific snow-balling. They come, like the flakes of winter, periodically, only at greater intervals; once every five or ten years may be put down as the legitimate recurrence of debating epidemics of this kind.

Dropping the figure, however, and looking at the matter in a serious light, these discussions on the fundamental principles that underlie the science of medicine, will and must arise in the ranks of the profession. They are "irrepressible," because the very nature of our science is one of "*why*" and "*wherefore.*" It is the tendency of medicine, its future progress and development, which sprouts and buds out in these discussions, and look wherever we will, either in formal debates of some learned academy, or in discussions in medical journals, or in the daily professional intercourse of one physician with the other, these fundamental questions will arise, will be discussed, and will find a solution.

Cui bono? What are we writing for? Is it merely for pastime that a thousand medical brains are set at work, a thousand eyes set to observe and to watch the phenomena of life, health and disease, and a thousand pens are flying over the paper to record the thoughts and observations, of the most thinking and observing class of men? Is it merely a phantasm, a delusion, an idle, speculative idiosyncracy, which we have inherited from the metaphysical age of monastries and cloisters, alchemy and the philosopher's stone?

Would the world, would humanity be better off, if medicines had never been discovered? Have we really arrived at the time when, as conscientious men, we should all take our scalpels and commit hari-kari in broad daylight, as a means of proper repentance for our own medical sins, and those of our forefathers?

Here are the issues, this is the question: Is the medical profession a relic of barbarous ages, a remnant of olden times, based upon the prejudices and errors of by-gone days, or does medicine bear upon its front the seal of legitimacy among the sciences?

Deny it who may, dispute it who will, yet the fact stands glaring before our eyes, that there is a strong opposition, both outside and within our ranks, against *medication.* Popular lecturers decry it as an evil; newspapers

denounce it as wrong, and poet-physicians mount the hippogriff of blank verse to sing songs of praise to the medical "*Dolce far niente.*"

These issues must be met, and we are not afraid to meet them.

But we would say to those who denounce medication, and cavil about it, a few words in reference to the *one* great tendency, the *one great current*, towards which, and with which, medicine, from its earliest days, has moved. It is this: The tendency of medicine from its earliest epochs to the present time, has been towards making medicine a *positive* science; this is the immutable current in which it has flown on, and we cannot and will not subscribe to the prophecy of an esteemed correspondent in one of our last numbers, who thinks that "medicine will never be a positive science." We have no right to guess, no business to assume, and no privilege to prophecy in matters scientific.

It is our task to look at facts, and from these facts to conclude; what is beyond that is, of evil.

Was not anatomy once as empirical as to-day therapeutics is claimed to be by many? Was not chemistry once, with its four elements, made up of the most flimsy and fallacious theories? Was not physiology the same? And where are they now? Is not anatomy as positive a science as is the geography of a country? Is not chemistry as exact as mathematics? Is not physiology, with gigantic steps, approaching towards the temple of exact sciences? Alas, that in view of this fundamental truth, in the development of our science, there are yet men who deny that, *practically*, we have advanced a step beyond the empiricism of the middle ages, who would make us believe that, with all this progress, with all this advancement, we are but deluding ourselves, and gilding over prejudice and error. They are not the men who have contributed to enrich medicine—not they. They have not dug in the mines of our science and brought to light the pure grains of golden truth. They are rather its brokers and bankers, who shave notes at a ruinous discount, and, when they have accumulated a fortune, write moralizing dissertations about the empiricism of science, and preach sermons on the text—"all is vanity."

The great fundamental error which underlies all the anathematous eructations against medicine and medication, is the want of knowledge of the present positive state, to a great extent, of pathological science. These cavilers look upon disease as an entity, and upon life as mere conglomeration of forces, forgetting that the same progress which has brought physiology already within the vestibule of the exact sciences, has in the same measure advanced pathology; and that where formerly medicines were empirically given to lower or sustain certain supposed *forces*, they are now given to supply, neutralize, modify, accelerate chemical and physical processes and combinations. The physician who gives iron to-day in a case of anæmia or purpura, with a knowledge of the chemical constituency of the blood, is no longer an empiric, though he who does not possess such knowledge, may justly claim that title.

Is it unreasonable, from the progress which our science has made in the past, to conclude that it will advance in the future? And what is our duty, when we have arrived at such conclusion? Is it to quarrel, and theorize, and set in judgment over the past, and to hover like a nightmare over the future? Or is it to put our shoulders to the wheel, and contribute our mite towards making medicine an exact science? Surely the latter. It may be a more pleasant and agreeable task to write treatises on the abuse of gold, than to dig in the mines. But the miner after all will carry the day; and the diggers in science will ever stand higher than its bankers and brokers.

A great deal of the apparent disagreement among *savants* arises from a misunderstanding of words and a misuse of terms. We were forcibly struck with this fact, when perusing the debates of the French Academy, alluded to. One accuses the other of being, for instance, a *vitalist:* and by that term he means a man who assumes the existence of some peculiar essential life-principle, like the

Archæus of Von Helmont, discarding all facts of chemistry and placing every function directly under this life-principle. The so-called vitalist, on the contrary, returns the charge of "rude chemism" "looking at man as a crucible, a test-tube, a walking furnace." Now it is easily seen, that both go too far.

He who claims to be an advocate of chemism, only means to assert that the phenomena of life are to be studied, as all natural phenomena, in view of their physical and chemical causes and relations. He may furthermore assert that such phenomena, of whose physical and chemical causes and relations we as yet possess no knowledge, will in the course of time, as experimentative science progresses, be reduced to the same category with phenomena of which we possess such knowledge; and no doubt he is right.

The vitalist, on the other hand wishes to assert, that the living organism, as such, exercises a peculiar influence upon these physical and chemical phenomena, and that they are often even modified by it; his vitalism does not go so far as to deny chemical causes and relations; but he wishes to state that there is a *vital* chemistry, which must be studied by itself. Outside of the body, in the test-tube, saliva is known to convert starch into sugar; but it has been found that such change does not take place in the body during the regular process of insalivation and mastication. It is hence only *vital* chemistry which will lead to a true solution of the questions of physiology, while without *chemistry*, on the other hand, vitalism would never have elucidated one solitary fact in the chain of the phenomena of life.

We think, hence, that by properly interpreting and not misconstruing these terms, vitalism and chemism must be looked upon as legitimately going together. The tendency of our science is to reduce all the phenomena of life to their physical and chemical causes; while, at the same time, this cannot be done unless we bear in mind that these chemical causes must be studied not from the analogy of the chemistry and anatomy of the dead body, but from the *living* organism. This, in our opinion is true chemism and true vitalism.

But we have put at the head of this article the question "Cui bono?"

All these discussions show that medicine is progressive. Where there is discussion, opinions clash and strike against each other like flint and steel, and the sparks of truth are flying all around; they kindle the watch-fires that show us the path to positive science, and humanity will be the gainer.

DEATHS FROM CHLOROFORM.

Death from chloroform is so frequently recorded that the occurrence attracts now no longer any marked attention. The still greater number of unrecorded cases impress few beyond those in whose presence the appalling casualties happen. The event seems to be simply viewed as an occasionally unavoidable contingency, which, for the sake of the general immunity from disaster, in the use of so convenient an article as an anæsthetic, should be tolerated.

Nothing now, but a great summing-up of the melancholy array which stands against chloroform, would make the impression which is certainly needed. Could such a woful catalogue be correctly registered, an attention would be awakened that would have an influence in preventing its increase. Were it generally understood that many of these fatalities occurred under the charge of skilful and experienced hands, our own liability to such disasters would be reminded. Were it known that the greater proportion of the victims were vigorous subjects, our choice of patients for chloroforming would not avail. Were it comprehended that some expired at almost the first breath of the vapor, our plea of cautiousness in the administration would be invalid. Yet such is the unwritten history of many whose departure is so often simply disposed of in the brief but familiar epitome of—"*another death from chloroform.*"

The succession of two deaths from chloroform at the Bellevue Hospital, New York, within a few months of each other, and our vivid recollection of witnessing, in the wards

of the same institution, a revival from apparent death from the same cause, has attracted our attention to a subject on which long ago our course has been determined. On the occasion alluded to, the eminent surgeon under whose direction the anæsthetic was being administered, directed the use of chloroform to be thereafter discontinued in his wards.

We do not deny the necessity of the use of chloroform in the few cases which, from an idiosyncracy, are not anæsthetically impressible by ether, and admit its invaluable adaptation to the varied conditions of extreme nervous irritation, puerperal eclampsia, etc., for which nothing so efficient can be substituted; but for general use as an anæsthetic to be safely administered, under almost all circumstances, for the relief or prevention of pain from its usual causes, there is yet known to science but one article—Sulphuric Ether.

The selection of chloroform in preference to ether can, at best, to its advocates, be but a matter of complaisance to patient or operator. The apparent physiological resemblance between the effects of the two articles appears as a great disparity, when the innocuousness of the one, and the uncontrollable fatal liabilities of the other, are considered. This uncontrollableness of the anæsthesia from chloroform has exhibited itself as decidedly in many of the inferior animals as in the human race. The vivisector avoids chloroform, because he knows that the life of the brute may terminate under its administration before his experiment is effected. He uses ether for his purpose because under its influence insensibility can be prolonged without serious interference with any vital function.

The agreeableness of chloroform to the patient and convenience to the surgeon, is, with the admitted liability to accident, made to weigh against ether, the inhalation of which is usually less attractive, and its administration oftener attended with excitement of the patient, and many delays and annoyances, yet with almost absolute safety; yet should a conscientious choice be difficult?

That chloroform is in Europe losing the confidence with which, owing to the distinguished authorship of its introduction to the profession, it was received, is becoming evident. In this country it never obtained such general favor, though its experimental use has been very extensive, and sufficiently to illustrate, by perhaps a hundred fatal results, its unavoidable dangers, and to convince that chloroform, as the ordinary anæsthetic, will never be substituted for ether.

REFORMS IN MEDICAL EDUCATION.

In our Correspondence columns the reader will find some timely remarks on medical education by a "South-west Kentuckian."

We agree entirely with our correspondent when he assumes that reform in medical education should begin at the very start of the medical student's life, and that the indiscriminate admission of young men to the studentship of medicine, as at present existing, is wrong. This is exactly what we have endeavored to advocate in one of our articles (see REPORTER of July 7th) on this subject, and we should be sorry if we were misunderstood. But reform, to be thorough must neither begin at one end nor at the other; but at both ends, and in the middle as well.

Before all things, however, let the American Medical Association,—let the profession of the United States, awaken to the necessity of creating a professional standard of its own, and we shall soon see reforms in our medical schools follow spontaneously, because they will find it necessary and convenient to comply to the reasonable demands of the profession, of their own accord.

Secondly, let our State Societies take the subject of medical education in their hands, and exercise all legitimate influence in this matter which belongs to them.

THE REGISTRATION LAW.

The present successful working of the new registration law is sufficient evidence of the practicable character of the system. Such an innovotion could hardly fail in meeting with some opposition, but the real utility of its object to the whole community, and the division of the labor of complying with it being di-

vided among so many, not being very burdensome on any particular individual, will soon make its operations proceed with ease and correctness.

A general compliance with the requirements, particularly by the profession, will make it apparent that this State has in operation a most thorough system of registration.

The registration of deaths and marriages since the first of July has progressed with accuracy, and with but little opposition from those whose duties are increased by its requirements. Perhaps one of the most inconvenient exactions from physicians, is the necessity of registering the sur-name of every infant born under their care. Some of the records returned have been deficient in this particular, and as the Health Officer is determined to commence aright, and to enforce a literal correctness in the registrations, the blanks have been returned to physicians for completion.

The following is an estimate of the work of registration which will be required in one year, at the office of the Board of Health of Philadelphia: Deaths, say 10,000, registered eight times, and indexing the same, makes a total of 90,000; births, estimated at 15,000, registered and indexed, 135,000; marriages, 2,500, would amount to 22,500—making a grand total of 247,500 names to be registered.

CELLAR TENEMENTS A NUISANCE.

The Board of Health of this city, have lately, with laudable zeal, entered into an investigation of one of those pests of large cities—cellar tenements. A Committee appointed by the Board, with Dr. Jewell as chairman, visited the principal alleys and streets in which these haunts of misery, filth and disease abound, and reporting thereupon, they suggested the following resolutions which were adopted by the Board:

Resolved, That all cellar tenements that are without light and ventilation except through the doorway, or are without proper flooring, or otherwise unprovided with ordinary domiciliary appendages, and all tenements above ground in a like condition, are hereby declared to be nuisances prejudicial to health, and the owners, agents or occupants are required to vacate and close the same within five days from the date of their notice, and if not done, the Health Officer is directed to close them, and hand over the occupants to the Guardians of the Poor, unless otherwise provided for.

Resolved, That the Mayor of the city is hereby requested to instruct his police to report to this Board all such tenements as correspond with the above description which may exist in their several districts.

Resolved, That the earnest and immediate attention of the Committee of Highways and Commissioner of Highways be directed to the shamefully neglected condition of the narrow streets, avenues, courts and alleys throughout the city, and that they be urged to require of the Supervisors to bestow more frequent and more careful attention to the cleansing of the same than has hitherto been done.

Resolved, That copies of the above report and resolutions be published in the daily papers.

Resolved, That the Clerk furnish copies of the above report and resolutions, to Councils, the Mayor, and to the Commissioner of Highways and Committee of Highways.

To our readers, as medical men, whose daily occupation brings them, more than any other class of citizens, in contact with these haunts of disease, it is unnecessary to describe the experience of the Committee. We simply record these resolutions as an indication of the progressive spirit in the sanitary government of our city, and hope that other cities, like New York, where these nuisances are a hundred times worse, will soon follow the example.

Correspondence.

Clinics in the London Hospitals—Uncomfortable Arrangements—Operations Performed—St. Thomas'—Operation of Lithotomy.

London, July 20th, 1860.

Editors of Medical and Surgical Reporter.

GENTLEMEN:—Since I last wrote to you, I have attended clinics in two of the large hospitals of London—Guy's and St. Thomas'. The hour for the clinic in the operating room is from one to half-past one, but their idea of an operating room is very different from ours, as far at least as comfort is concerned. I have been accustomed to consider the amphitheatre at the Pennsylvania Hospital, as very inconvenient indeed, and to think that nothing could be worse than those very high backs, and

very hard and narrow seats, but now, having seen an operating room at Guy's Hospital, London, with very high *steps* indeed, and even with a railing along the front of each step, but without any seats at all, I shall look back on our operating rooms at home, as among the most luxurious things in the world. The room at Guy's will contain about 80 persons. Forty-six were present when I was there, to witness the operations, of which there were two performed.

One, the extirpation of a fatty tumour, and the other the amputation of a great toe. The fatty tumor was in a middle aged man, who had two besides the one taken out; and the three were very remarkable for the symmetry with which they were placed around his neck. One was immediately under the lower maxilla, extending to the angle of the bone, both on the right and the left sides, and giving to him the appearance of having an enormous double chin. The other two were situated at the base of the occipital bone, meeting at the posterior median line, and touching respectively the right and left sides of the tumor on the front of the neck. It was one of these two large tumors on the back of the neck which was taken out. The other operation, was in a case of caries of the great toe, in which resection of the joint had been tried without a favorable result. The operator in both instances was Mr. Cock, and as far as I could judge from these two cases, he appeared to be very skilful. He took, however, very little trouble in the way of explanation, much less than I thought he ought to have done, and the little that he did say, was spoiled to the ear by his lisping.

After leaving the operating theatre, I went into the reading room, where I was glad to find lying on the table, among numbers of English, and a few continental periodicals, two from America, viz, *The Medical and Surgical Reporter*, and the *American Journal of Medical Sciences.* Of your journal there were two numbers on the table, a thing which I did not notice of any others of the journals there.

Before leaving the subject of Guy's, I must mention with regard to their wards, that I saw some on my second visit which were wide and roomy. I think I spoke too disparagingly of them in my previous letter, but then I had not seen the large ones, which I afterwards remarked.

On the day after the visit to Guy's, which I have just recorded, I attended some operations at St. Thomas' Hospital, which is situated close by Guys, they being only separated by the width of a street. St. Thomas' is not more than half a square from London bridge, that great centre of activity and business, and yet within the wards very little of the noise, which is made so close by, can be heard. The hospital is a very large one and very old. It is built around one or two large courts, besides having wings extending off in different directions. Here I saw the operation of lithotomy performed by Mr. Clark on a boy of about twelve years of age. The case was somewhat remarkable, as the same operation had been previously performed without success, the operator having been unable to find the stone. The boy appeared to be worn out by the prolonged suffering which he had undergone, and screamed so much on the introduction of the sound, that they were obliged to administer chloroform in order to determine with certainty the presence of the calculus. The introduction of an instrument into the bladder was rendered the more difficult, as the urethra was in some measure strictured in consequence of the previous operation. No urine had been passed for more than an hour when the boy was brought on the table, special directions having been given that he should retain it, but such was the irritability of the bladder, that the urine was forced out past the sound, and the operation had to be performed with the bladder empty. It was however performed rapidly and successfully by Mr. Clark, in spite of this difficulty. The only trouble was in seizing the stone, and in pulling it out ; for it was very large, being, I should suppose, an inch and a quarter, or an inch and a half long and wide, by nearly an inch in thickness. However, as I only judged by the eye, my measurement cannot be relied on as accurate. The lateral operation was the one chosen, and it was performed without any aid from a gorget. The calculus was very rough, and must have been the cause of very great torture to the poor little fellow.

This operation was to be followed by that of Lithotripsy, by Mr. Solly; the patient being a man of sixty-five years, and one who had undergone the same operation before. After a good while, however, spent in fruitless efforts to get a good hold of the stone, the operation was postponed. It had been more successfully performed by Mr. Solly only a few days before.

I observed a difference in the manner of administering chloroform at Guy's and St. Thomas's. In the former it was poured on a rag, covered on one side with oiled silk, to prevent its too rapid evaporation. In the latter it was inhaled from a little apparatus made for the purpose, and just of sufficient size to cover the nose and mouth.

At St. Thomas's there is a museum about half the size of the Wister and Horner museum. They have likewise a separate chemical museum, belonging to the school which is connected with the hospital. In this school they have a very commodious lecture room. The operating theatre is larger than that at Guy's, and they are kind enough to provide the students with seats. I was informed with regard to the use of chloroform at St. Thomas's, that

in the past five years it had been used in a thousand cases of operations, and that death had followed in two cases, one of those being a man with delirium tremens. The deduction of my informant, a resident in the hospital, was, that it could be used without danger, and with propriety; but I confess that my mind leaned towards the opposite conclusion.

Hoping that you may excuse the rambling character of my letter, I remain very truly yours.

M. D. ABROAD.

Medical Education.

Messrs. Editors of the Medical and Surgical Reporter:

Being a constant reader of the *Reporter*, I have noticed from time to time able and interesting articles on the subject of "Reform in Medical Education." I am in favor of reform; but it seems to me that yourselves, as well as others, who have engaged in this discussion, have commenced at the wrong place to effect the end so much desired. One of the points in the arguments advanced, is that medical students should attend a greater number than two courses of lectures, and also that medical colleges should extend their courses to six, or even nine months, instead of four months as heretofore.

I am free to admit that reform is desirable; and if any member of the profession doubting it, will visit or attend a course of lectures at any one of our colleges, and there observe what kind of material is sometimes ground out into M. D.'s, will, I think, have his doubts removed.

True reform, however, in medical education will, in my opinion, have to commence before the student goes to a medical college. I contend that our colleges are not alone responsible for the ignorance and incapacity sometimes displayed by members of the profession. Let the reform commence in the physician's office; let none be admitted as students unless they have acquired a suitable education, to enable them to acquire the profession in a reasonable length of time; and above all, admit none except those who have maintained moral characters above reproach. How often is it that we see this last requisition entirely overlooked! If the applicants be fortunate, or rather *unfortunate* enough to have wealthy parents, and has numerous and influential relations—though he be a debauchee of the first water—he must be admitted by all means for the sake of extending the "would-be-preceptor's" patronage and influence.

In this way persons are permitted to enter the ranks of the profession, who will ultimately disgrace themselves, their preceptors, private and public, and indeed the very name of Doctor. Every steady, conscientious physician will, on taking a retrospect of his student-life, remember many individuals who attended lectures with him, and, like himself, aspired to the Doctorate, yet whose moral and intellectual acquirements should forever have prevented them from receiving it. If every physician in the land would only reflect when about receiving a student in his office, that the applicant, if admitted, would through after life reflect honor or lasting disgrace, according to his capacity and conduct, on his office-preceptor, I think a great number would be rejected who are now admitted.

Not only so, this matter of requiring students to attend three courses of lectures before graduating, will operate unequally. Some will be as well qualified to graduate at the end of two, as others will be who have attended half a dozen courses. Besides there are numerous instances of young men of superior minds, whom, having scuffled to acquire a suitable education and means to attend lectures, this arrangement will forever prevent doing so. The amount of money necessary to pay a young man's way for four years, besides his fees at college, is no trifling consideration. Let our colleges have a Board of Examiners, separate and apart from the Professors; and empower them to confer the degree—or recommend its being done—upon every candidate who has made the necessary proficiency, immaterial whether he has attended two, four, or six courses of lectures. Attendance on a great number of lectures shall add nothing to his credit, unless he exhibits proof of having made good use of his time.

A SOUTH-WEST KENTUCKIAN.

August 13th, 1860.

News and Miscellany.

The Torture of Criminals.—The *Enquirer* gives the following account of an arrangement at the Philadelphia County Prison, for the punishment of refractory prisoners, which it is hoped, for humanity's sake, is an exaggeration:

"The famous criminal bath was then exhibited. In a cell at the eastern end of the corridor appropriated for females, stood something like a wooden chimney vertically against the wall. Closer inspection revealed a door in its front with staple and padlock. This being thrown open, an apartment just large enough to contain a human body was revealed, with one of the round perforated bath-cisterns in the top. The door and sides are hollow and stuffed with woolen to prevent screams from being heard.

When any prisoner becomes ungovernable, he is escorted to this cell. The physician, the nurse, and the Superintendent stand by. The malefactor is forced into the apartment, the door closed upon him and the staple secured with a heavy padlock. Then in the darkness and stifling air, the unhappy criminal feels the rush of the descending water. It comes in a torrent upon his uncovered head, and seems to be beating upon his brain. In vain does he seek to avoid the draught. He cannot bend in the narrow aperture. He cannot turn. His breath grows short. Every nerve is unstrung. His heart beats agonizingly. He screams, but the walls are deaf and there is no reply. He is suffocating—dying. And when sense is swimming and life flickering, the door is opened, the unhappy man removed and the dying pulses taught to beat again.

Sometimes the criminals, when removed, are black in the face, the blood flooding the head.—A man in Sing Sing prison lately expired under this punishment. The shower bath at Moyamensing has been used three times in seven years. Its effects are to shock the nervous system and weaken the entire body. One woman was lately put to the bath test."

A Wet Day.—After having experienced an unusual dry state of the weather for over a month, our city was visited last Monday a week by one of the most abundant rain-storms, which were ever witnessed, doing great damage to property. It was accompanied by heavy thunder and lightning. The following is the meteorological observation for that day made at the Pennsylvania Hospital:

"PENNA. HOSPITAL, Aug. 13, '60, 10 P. M.

"The amount of rain which fell this day, (up to 7 o'clock, P. M.,) as indicated by our guage, is 4 1-10 inches, which is more than four times the amount registered for the whole of last month, and almost as much as fell during the whole month of August, 1859."

This is a very unusual amount of rain for one day in this climate, and, by comparing it with the statistics we give below, it will be seen that a few such storms as yesterday would supply us with a quantity of water far greater than some eastern countries receive in a whole year.

Prof. Dove states that the yearly amount of rain which falls on the roof of the Royal Palace at Berlin, is 18 inches in depth. The average annual fall of rain at Paris, for ten years, from 1817 to 1827, was about 20 inches. The western coasts of Great Britain, France, and Portugal, have an annual average of from 30 to 50 inches. Corinbra, in Portugal, has 111 inches. In Russia and Poland, the fall is 15 inches; at Ekatherinoslao, in the southern part of Russia, it is 13 inches; and in Siberia still less.

A writer in the Georgia *Medical and Surgical Encyclopedia*, Dr. A. C. C. Thompson, of Sandersville. Ga., in an article on Domestic Practice, says: "most cases of simple diarrhœa can be speedily relieved by the timely use of a patent medicine, known as Jacob's Dysentery Cordial. We regard this as one of the best medicines of the kind ever offered to the public."

In the same number, the same journal published extracts from the Code of Ethics, among which we find the following:

"Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself, or of others. For, if such nostrum be of real efficacy, any concealment regarding it, is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them."

What in the world does Dr. Thompson and the Encyclopedia mean, by thus puffing up quack medicines on one page, and reprinting the Code of Ethics on the other?

Puerperal Fever has been prevalent with considerable severity some months ago in Newark, N. J.; many of the neonati were attacked with erysipelas, which also occurred in adults.

Answers to Correspondents.

COMMUNICATIONS RECEIVED.—*Georgia*, Dr. Wm. H. Doughty, Dr. J. E. Blackshear—*Kansas*, Dr. A. A. Woodhull—*Kentucky*, Dr. G. Stewall—*Missouri*, Dr. W. S. Heddens—*New York*, Mr. Wm. S. Chapman, (2)—*Pennsylvania*, Dr. J. H. Keeler, Dr. Edward P. Emerson, Dr. C. C. Field—*Tennessee*, Dr. J. A. Hudson, (with encl.)—*Virginia*, Dr. J. P. Lewis.

Office Payments—Dr. Henry Rittenhouse, Mr. Helmbold, (adv.,) Mr. Needles, (adv.) By Mr. Swaim: Drs. Larrison, McKean, Ch. H. Miller, Corfield; Dr. E. T. Vallette.

(CIRCULAR.)

The undersigned proposes to issue a yearly volume with the following title: *Year Book of American Contributions to Medical Science and Literature.*

It is designed that part *first*, of each volume, shall comprise an arranged and classified *summary* of, and index to, all the important and original papers found in the various *Medical Journals* of this country, for the year immediately preceding. Part *second* will comprise a *summary* of, and index to, all papers found in the published transactions of the National and the various State and County Medical Societies. Part *third* will embrace reviews of all medical books of American authorship, published during the year, with a *summary* of all the novelties in opinion or practice therein.

To the above plan and arrangement, such other additions shall be made as time and circumstances may suggest. The first volume will be issued early in the spring of 1861.

In the preparation of our *Summary of American Medical Journalism*, for the *A. M. Monthly*, we have solicited a copy of all Medical Journals published in this country;—The *American Journal of Medical Sciences*, the *N. O. Medical and Surgical Journal*, the *Ohio Medical and Surgical Journal*, and the *American Medical Times*, are the only ones that have failed to comply with the request. To facilitate our design, we request an *exchange* with *all American Medical Journals*, to be sent to our address as issued. All Medical Societies who publish their transactions, will, we trust, be kind enough to send their transactions to us. Publishers of medical books, particularly of American authorship, are earnestly requested to send, so soon as issued, *all books* of the character as above.

The importance of a work of the character as above, for the information of the profession, and for the honor and dignity of *American medicine*, will readily be conceded by all. We cannot prepare the work and publish at a pecuniary loss, and, hence, the object of this circular is to request that all physicians who would encourage the work and become subscribers to the same, would send us their names *at once*—payment to be made only on the publication of the work. The work shall contain from 500 to 1000 pages, be substantially bound, and furnished at the low price of *three dollars*. That we may know whether the work is to receive sufficient encouragement to justify its completion and publication, we request that subscribers' names may be sent in immediately. As a special favor and encouragement of this truly national enterprise, we would request that all Medical Journals of this country would copy our circular.

To Editors and Publishers we would say that it is designed that our *Year Book* shall commence its gleanings with the year 1860. Journal editors and book publishers will remember this, in sending their respective publications to our address.

All Books, Journals, published Transactions, and names of subscribers, should be directed to

O. C. GIBBS, M. D.,
Frewsburg, Chautauqua Co., N. Y.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1860–61.

FACULTY.

T. L. BUCKINGHAM, D.D.S.
Professor of Chemistry and Metallurgy.

J. H. McQUILLEN, D.D.S.
Professor of Anatomy and Physiology.

WILLIAM CALVERT, D.D.S.
Professor of Mechanical Dentistry.

J. L. SUSSEROTT, D.D.S.
Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.
Professor of Dental Physiology and Operative Dentistry.

D. H. GOODWILLIE, D.D.S
Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S.
Demonstrator of Mechanical Dentistry.

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

For further information, address

W. CALVERT, Dean,
133 North Eleventh street,
197—ew13t Philadelphia.

J. JACOB TEUFEL,

MANUFACTURER OF

SURGICAL AND DENTAL

INSTRUMENTS AND TRUSSES.

103 South Eighth St., 3d door below Chestnut,

PHILADELPHIA.

☞ *A large assortment always on hand.* ☜ 816

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN,** No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved

RADICAL CURE and other TRUSSES,
FEMALE SUPPORTERS,
SHOULDER BRACES,
ELASTIC STOCKINGS,
SPINAL APPARATUS

For weak and curved spines, and

INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

ARTIFICIAL EYES.

PERSONS wanting ARTIFICIAL EYES can have them made to order, and inserted, without pain, by DR. OSMUN, Oculist, 1619 Chesnut street, Philadelphia.

TO

Physicians and Druggists.

THE UNDERSIGNED, HAVING PERFECTED HIS ARRANGEMENTS FOR EXTENDING THE MANUFACTURE OF THE VARIOUS

HYPOPHOSPHITES,

[AFTER THE ORIGINAL FORMULA OF DR. CHURCHILL]

Is now prepared to supply the Medical Profession, and Druggists, with his *chemically-pure* and *reliable* Preparations of these SALTS, in all quantities, and at the shortest notice.

It must be obvious to every candid and thoughtful physician, that the importance of *pure remedies*, in the treatment of disease, cannot be overrated, or too strongly insisted upon; as, upon this *point*, absolutely depends their therapeutical value.

The professional, as well as non-professional person, who reads Dr. CHURCHILL'S TREATISE and the accompanying documents, with ordinary care, will at once perceive how essential it is that the HYPOPHOSPHITES should be perfectly free from excess of *lime*, *carbonates*, *phosphates*, *&c.*, the presence of which, *even in small quantities*, renders them "ENTIRELY UNFIT FOR MEDICAL USE."

In regard to my "Preparations," I need only refer to the uniform testimony of the Medical Profession in their favor, wherever they have been used. They are now considered THE STANDARD PREPARATIONS OF THE HYPOPHOSPHITES IN THE UNITED STATES.

WINCHESTER'S GENUINE PREPARATIONS.

Price List.---Terms Cash.

HYPOPHOSPHITES OF LIME AND SODA.....(combined).....	7-oz.	bottles,	$1	00
" " " .....do.....	16-oz.	"	2	00
HYPOPHOSPHITE OF POTASSA.....	7-oz.	"	1	00
" MANGANESE.....	7-oz.	"	1	00
" QUININE.....	7-oz.	"	1	00

☞ Physicians and Druggists supplied by the dozen, or larger quantities, at the usual discount.

PURE SOLUTIONS OF THE SEPARATE SALTS.

For Physicians' Prescription Only.

HYPOPHOSPHITE OF LIME.....	6-oz. ground stoppered	bottles,	$1	00
" SODA.....	6-oz. "	"	1	00
" POTASSA.....	6-oz. "	"	1	00
" MANGANESE.....	6-oz. "	"	1	00
☞ Prices to the Trade, invariably, by the dozen.....			8	00

DRY SALTS.

HYPOPHOSPHITES OF LIME, SODA, AND POTASSA, each, per ounce, net..	$0	50
" MANGANESE.....	0	50
" QUININE, in ¼-oz. bottles.....	1	50

N. B.—The use of *Hypophosphite of Iron*, in Consumption and Chlorosis, is considered to be contra-indicated, and I do not, therefore, prepare this salt. (See opinions of Dr. CHURCHILL and M TROUSSEAU, in TREATISE.)

☞ Orders for my Preparations can be addressed to either of the Wholesale Drug Houses of New York; to my Wholesale Agents, or to

J. WINCHESTER,

At the Sole General Depot, 43 John street, N. Y.

DR. CHURCHILL'S TREATISE ON CONSUMPTION.

Second Edition---With a Copious Appendix,

IS NOW READY, containing the Report of Dr. Quain, of the Brompton Consumption Hospital, London, adverse to the use of the Hypophosphites, with an Analysis of the Report, by the Publisher: also, the Chemistry of the Hypophosphites: Reports of Cases, by Drs. Townsend, Walton, Benj. Weeks, Gibbs, and numerous others in America: Dr. Dickson, and others, of Great Britain—ALL sustaining Dr. CHURCHILL, and enthusiastically testifying to the INVARIABLE EFFICACY of his TREATMENT. Sent GRATIS to Physicians and Invalids. Address

J. WINCHESTER, Publisher, 43 John st. N. Y.

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P. . . . $0 37½
Aloes et Assafœt: U. S. P. . 37½
Aloes et Ferri . . . 37½
{ Pulv: Aloes, Socot: ½ gr.
{ " Zingib: Jam: 1 gr.
{ Ferri Sulph: Exsic: 1 gr.
{ Ext: Conii ½ gr.
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
{ Pulv: Aloes Socot:
{ " Sapon: Hispan:
{ " Fruct: Colocynth:
{ " Gambogiæ
{ Oleum Anisi
Anti-bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . 37½
" Comp: (Plummer's) 3 grs. . 37½
{ Calomel
{ Oxysulph Antimony
{ Guaiacum Resin
Calomel et Opii . . . 37½
{ Calomel 2 grs.
{ Opium 1 gr.
Cathart: Comp: U. S. P. . . 37½
Cinchon: Sulph: 1½ grs. . . 50
Cook's, 3 grs. . . . 37½
{ Pulv: Aloes Soc: 1 gr.
{ " Rhei 1 gr.
{ Calomel ½ gr
{ Sapo Hispan: ½ gr.
Colocynthidis Comp: 3 grs. . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . . 37½
Copaibæ et Ext: Cubebæ . . 37½
{ Pil: Copaibæ, 3 grs,
{ Ext: Cubebæ 1 gr.
Copaibæ Comp: . . . 37½
{ Pil: Copaib:
{ Resin Guaiac:
{ Ferri Cit:
{ Ext: Cubeb:
Fel Bovinum, . . . 50
{ Inspisated Oxgall 2 gr.
{ Powd: Jamaica Ginger, 1 gr.
Ferri (Quevenne's) 1 gr. . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . 37½
Ferri Comp: U. S. P. . . 37½
Ferri Iodid: 1 gr. . . . 50
Ferri Lactat: 1 gr. . . . 37½
Ferri et Strychniæ . . . 62½
{ Strychniæ 1-60 gr.
{ Ferrum per Hydrogen (Quevenne's) 2 gr.

PIL: Ferri Valer: 1 gr. . . . 75
Ferri et Quin: Cit: 1 gr. . . 50
Ferri et Strychniæ Cit: 1 gr. . . 37½
{ Strychnia Cit: 1-50 gr.
{ Ferri Cit: 1 gr
Galbani Comp: U. S. P. . . 37½
Hooper (Female Pills) . . 37½
Hydrargyri, U. S. P. 3 grs. . 37½
Ipecac et Opii, 3½ grs. . . 37½
Pulv: Doveri, U. S. P.
Opiii, U. S. P. 1 gr. . . 37½
Opii et Camphoræ . . . 50
{ Pulv: Opii, 1 gr.
{ Camphoræ, 2 grs.
Opii et Plumbi Acet: . . 37½
{ Pulv: Opii, ½ gr.
{ Plumbi Acet: 1½ grs.
Quiniæ Sulph: 1 gr. . . . 75
Quiniæ Sulph: 2 grs. . . 1 25
Quiniæ Comp: . . . 1 00
{ Quin: Sulph: 1 gr.
{ Ferrum per Hydrogen (Quevenne's) 1 gr.
{ Acid Arsenious 1 60 gr.
Quiniæ et Ext: Belladon: . . 62½
{ Quiniæ Sulph: 1 gr.
{ Ext: Belladon: ½ gr.
Rhei, U. S. P. . . . 37½
Rhei Comp: U. S. P. . . 37½
Scillæ Comp: U. S. P. . . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
{ Pulv: Aloe Scott:
{ Gum: Mastich:
{ Flor: Rosæ
Zinci Valerian: 1 gr. . . 75
GRANULES, Acid: Arsenious, 1-20 gr. . 25
" " 1-50 gr. . 25
Aconitia, 1-60 gr. . . . 50
Atropia, 1-60 gr. . . . 50
Corrosive Sublimate, 1-12 gr. . 25
Digitalin, 1-60 gr. . . . 50
Elaterium (Clutterbuck's) 1-10 gr. 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr. . 25
" Nux Vomica, ½ gr. . . 37½
Mercury Iodide, ¼ gr. . . 25
" Red, 1-16 gr. . . 25
Morphia Sulphate, 1-10 gr. . . 37½
" " 1-6 gr. . . 50
" Valerianate, ⅛ gr. . . 62½
Quinia Valerianate, ½ gr. . . 1 00
Silver Nitrate, ¼ gr. . . 37½
Strychnia, 1-20 gr. . . 37½
" 1-40 gr. . . 37½
Veratia Sulphate, 1-12 gr. . . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 180, 1y

J. M. MIGEOD,

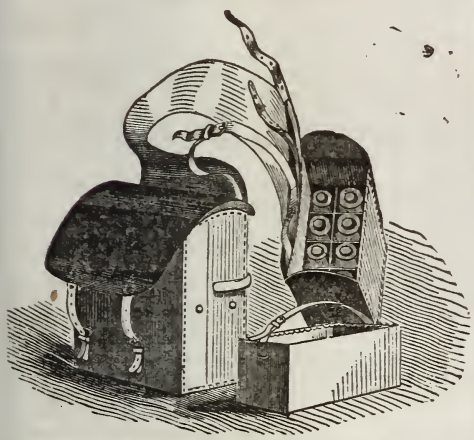
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50
No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50
No. 3, containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " 9 50
No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles, 18 ½ oz. " " 4 Pots, " " and 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles, 14 ½ oz. " " 4 Pots, " " and 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottle 10 ½ oz. " " and 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles, 18 1 oz. " " 18 ½ oz. " " 4 Pots, " " and 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles, 14 1 oz. " " 14 ½ oz. " " 4 Pots, " " and 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles, 14 1½ oz. " " and 4 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

DENTAL INSTRUMENTS—TEETH.

JOHN KLINE,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, FINDINGS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 188

COLLEGE OF PHYSICIANS AND SURGEONS,

CORNER 23D STREET AND FOURTH AVENUE,

NEW YORK.

FIFTY-FOURTH SESSION 1860-'61

EDWARD DELAFIELD, M. D., President of the College, and Professor Emeritus of Obstetrics.

ALEXANDER H. STEVENS, M. D., LL.D, Professor Emeritus of Clinical Surgery.

JOHN TORREY, M. D., LL.D., Professor Emeritus of Chemistry and Botany.

JOSEPH MATHER SMITH, M. D., Professor of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudenca.

ALONZO CLARK, M. D., Professor of Pathology and Practical Medicine.

JOHN C. DALTON, JR., M. D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Professor of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOTT, M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy and Curator of the College Museum.

The Fall Course will commence on Monday, 24th September, and continue until 22d October.

This course is *free* to the Matriculated Students of the College.

The Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures, $105. Graduation Fee, $25. Demonstrator's Fee, $5. Matriculation Fee, $5.

JOHN C. DALTON, JR., M. D.,
Secretary of the Faculty.

192—3m.

NEW YORK MEDICAL COLLEGE,

No. 90 East 13th street, near Fourth Avenue.

ELEVENTH SESSION, 1860-61.

FACULTY.

Robert Ogden Doremus, M. D., Professor of Chemistry.

John Murray Carnochan, M. D., Professor of Clinical and Operative Surgery.

D. Meredith Reese, M. D., L.L. D., Professor of the Theory and Practice of Medicine and Medical Jurisprudence.

B. I. Raphael, M. D., Professor of the Principles and Practice of Surgery and Surgical Pathology.

A. K. Gardner, M. D., Professor of Clinical Midwifery and Diseases of Women.

Jno. O. Bronson, M. D., Professor of Anatomy.

Chas. A. Budd, M. D., Professor of Theory and Practice of Midwifery.

A. Jacobi, M. D., Professor of Infantile Pathology and Therapeutics.

B. L. Budd, M. D., Professor of Toxicology.

*** The Chairs of Physiology and Materia Medica are vacant, but will be filled in time for the opening of the Session.

Fowler Prentice, M. D., Demonstrator of Anatomy.

Thos. A. Whitney, Assistant Demonstrator.

James H. Brush, M. D., Prosector to the Professor of Surgery.

Simeon Abrahams, M. D., Assistant to the Professor of Surgery.

The Preliminary Course by the Faculty will open on Monday, September 17th, with daily lectures and cliniques, and be free to all matriculants.

The Regular Session for 1860-61 will commence on Monday, October 15th, and continue until the middle of March, with four lectures on each day, in addition to daily cliniques on Medicine, Surgery and Obstetrics, conducted by the Faculty.

Demonstrative and Practical Teaching will be a distinctive feature in this School, especially in *Chemical Analyses, Operative Surgery*, and *Practical Anatomy*.

FEES.

For a full Course of Lectures, $105; Matriculation, $5; Demonstrator's fee, $5; For final examination for a degree, $30.

Good boarding may be had in the vicinity of the College, at from $3 to $4 per week.

Further information may be obtained by addressing the undersigned, No. 70 Union Place, New York.

R. O. DOREMUS, M. D.,
Dean of the Faculty.

202

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1860-'61.

FACULTY.

B. HOWARD RAND, M. D.,	Professor of	Chemistry.
HENRY HARTSHORNE, M. D.,	"	Practice of Medicine.
LEWIS D. HARLOW, M. D.,	"	Obstetrics, &c.
WILLIAM S. HALSEY, M. D.,	"	Surgery.
WM. HEMBEL TAGGART, M. D.,	"	Materia Medica.
JAMES AITKEN MEIGS, M. D.,	"	Institutes of Medicine.
WM. H. GOBRECHT, M. D,	"	Anatomy.

THEODORE A. DEMMÉ, M. D., Demonstrator of Anatomy.

The session of 1860-'61 will commence on Monday, 8th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

The Rooms for Practical Anatomy will be open early in September.

A Medical, Surgical, and Obsterical Clinic, is held at the College every Wednesday and Saturday.

Each second course Student is furnished with a ticket to the Pennsylvania or Philadelphia Hospital. *free of charge.*

Examinations are conducted daily by each Professor in his Department.

☞ Instead of the usual Introductory Lectures there will be but *one general Introductory;* after which the regular Lectures of the course will commence *without delay.*

FEES.

Matriculation, (paid once only,) - - -	$5 00
For each Professor's Ticket, - - - -	15 00
Graduation, - - - - - - - -	30 00

LEWIS D. HARLOW, M. D., *Dean,*
No. 1023 *Vine, below* 11*th Street.*

199—eowt01

DAILY WINTER EXAMINATIONS

IN CONNECTION WITH THE LECTURES

Delivered in the Jefferson Medical College

BY

D. D. RICHARDSON, M. D.,

Senior Resident Physician to Philadelphia Hospital, Blockley, and Demonstrator of Anatomy in Philadelphia School of Anatomy, and

JNO. W. LODGE, M. D.,

Formerly Resident Surgeon to Philadelphia Hospital, Blockley.

The Course of Instruction will embrace a full series of Examinations, which will be held each day at 9 A. M. and 3 P. M.

On the first of January the Review Examinations will be commenced, and continued during the lectures, thereby bring ing the whole course delivered in *Jefferson Medical College* several times before the class, prior to their final examination by the Professors.

ORDER OF EXAMINATION.

Chemistry,
Materia Medica,
Obstetrics, } DR. RICHARDSON.

Physiology,
Practice of Medicine, } DR. LODGE,

By arrangement, our Class will be admitted to Dr. Agnew's Examinations on Anatomy and Surgery.

Especial attention will be given to preparing students for the Medical Staff of the Army and Navy.

No effort will be spared in contributing to the thorough preparation pnd advancement of our class.

Dr. Richardson being Demonstrator of Anatomy at Dr. Agnew's, will enable him to assist the Class in their anatomical studies.

For further information, address

J. W. LODGE, M. D.,
123 South Seventh Street, Philadelphia, Pa.

198—ew Fee for the whole Course, $30.

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 202. } PHILADELPHIA, SEPTEMBER 1, 1860. { NEW SERIES VOL. IV. NO. 22.

ORIGINAL DEPARTMENT.

Communications.

Extreme Congenital Deformity—Separation of the Superior Maxillary bones—Want of Proper Development of the Palatine Processes of the same bone and also of the Palate bones, connected with Hare Lip—Removed by

C. C. Field, M. D.
Of Easton, Pa.

About a year since, the wife of R—— B———, Esq., of * * * * Penna., gave birth to a child so hideously deformed as to cause great grief to the parents, and to excite the horror and surprise of all who witnessed it. The deformity consisted of an entire separation, at the suture, of the superior maxillary bones. A wide gap also existed in the roof of the mouth, in consequence of a deficient development of the palatine process of the superior maxillary bones and also a like deficiency in the palate bones, producing a large opening, extending into the nasal cavities, every part of which could be distinctly seen, as well as the anterior part of the fauces. The separated portion of the right superior maxillary bone extended outward and, turning to the right, drew down the nose to such an extent that the nostrils were scarcely perceptible, the nose being almost even with the face, and particularly the left side of it. Connected with this was a hare lip, or what may perhaps be more fully expressed as an entire separation of the upper lip, being continuous with the opening in the maxilla into the nasal cavities. The wide anterior gap, the flattened nose and the separated and contracted upper lip presented a spectacle of the most hideous character, and spread terror among the neighbors, especially the females. The child, from its condition, was of course prevented from nursing. It was therefore fed on milk, introduced through a tube, until it was 4½ months old. I was called upon by Dr. A. C. Smith, under whose care the child was, to suggest something for its relief.

After examining the child—which was healthy but not robust—with the greatest care, it was determined in consultation to attempt to remove the deformity, and place the parts in such a position that it would be able as it increased in age, to masticate, swallow, and have all the advantages of speech, all of which, at least to a very great degree, it would never have been capable of without an operation. All things being considered, it was determined to operate upon the child without delay. Dr. Smith had charge of the case, on whose attention subsequent to the operation much of its success depended. Dr. Bowlsby, of Finesville, and Dr. Bergin, of Easton, were present to assist. The child, being properly secured, was held by an assistant. The two halves of the upper lip and the base of the nose were carefully dissected upward, on a line with the molar processes, and so held, when with strong cutting forceps, the deformed portion of the superior maxilla was removed, also the margins of the palatine processes of the two maxillas and of the two palate bones. For the purpose of approximating as much as possible the two maxillas, they were partially separated from their connection with the malar bones, with the forceps. The bleeding from the ends of the divided bones was most profuse, and could not be stopped by the most powerful astringents,

when the actual cautery was resorted to, by which it was at once arrested. The bones were then brought as closely as possible in contact, the edges of the separated lip were removed, the parts united with needles and ligatures, and the whole supported by adhesive strips and bandages. Although at its close the child lay prostrate for several hours, the operation proved entirely successful.

The child is, at present writing, perfectly healthy and entirely free from all deformity, its appearance being so changed that no evidence of the former irregularity can be seen. At the time of the operation, in December last, it was 4½ months old; it is now nearly a year, and all that was hoped to result from the operation has been realized. It can masticate, swallow without any artificial aid, and is as forward in speech and correct enunciation as children of its age.

We send you an account of this case not merely in consequence of the great deformity that existed, but for the purpose of communicating at how early a period so fearful an operation may be performed and the benefits which have resulted from the operation, already enumerated.

Brief of Sixty-one Obstetrical Cases.

By Edward H. Sholl, M. D.,

Of Warsaw, Ala.

Labors at full term, - - -	56
Abortions, - - - - -	5
Boys, - - - - - -	32
Girls, - - - - - -	26
Twin births, - - - - -	2

Average weight of boys, 8¾ lbs.
Average weight of girls, 7¾ lbs.
Average weight of white children, 8¾ lbs.
Average weight of negro children, 7½ lbs.
Average length of cord, 24½ inches.
Greatest length of cord, 37 inches.
Least length of cord, 10 inches.
Average time of removal of placenta, 16 minutes.
Average time in attendance, 6 hours.

Remarks.—One case, convulsions, fatal to the mother; two cases, fatal to the child, one in which the funis presented with the vertex, the other in which it presented with the feet, in which case extraction of the child was accomplished by a tedious operation.

Labor was followed in one case by an attack of hidrosis, in another by puerperal mania; both recovered. Four of the cases of abortion were accomplished with serious hemorrhage. In one it became necessary to resort to the tampon. In one case the placenta came away on the tenth day.

Frequently witnessing the good effect of cold water in convulsions of children, I am determined, if opportunity unfortunately should offer, to resort to it in case of puerperal convulsions, by baths of different kinds.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. F. Meigs.

Retro-Uterine Hæmatocele.—A case of retro-uterine hæmatocele being at present in the wards of the hospital, Dr. Meigs took occasion to make some remarks on this interesting disease, which we give substantially as follows:

Retro-uterine hæmatocele, or pelvic hæmatocele, is comparatively a new disease, not having been recognized as a distinct form of disease until some ten years ago. It must be remarked, however, that as early as 1832, Doctor ————, of Paris, described a peculiar case of pelvic abscess, which, on being opened, was found to contain blood. There is no doubt that this was a case of this disease, yet Dr. ———— failed to give it a name, considering it an anomalous case, and not as the type of a distinct form of disease.

In 1850 or 1851, however, Recamier, of Paris, had several cases, which he reported under the name retro-uterine hæmatocele, and since then they have quite frequently been observed. Nélaton and Voisin, of France, Charles West, Simpson, of Edinburgh, and others, have published cases, and now that the disease is looked for, and its symptoms known, it is found to be of much more frequent occurrence than was formerly thought.

The patient, at present in the wards of the hospital, suffering from the disease, is a woman, 22 years of age, who has been married four years, but has never had children. She menstruated regularly, until recently, though every three weeks, which is somewhat too often.

Ten weeks ago last Sunday (present date Aug. 22,) she was taking a walk with her husband, hav-

ing then passed her usual period of menstruation by one week, without having had a show. While walking along the street with her husband, she was suddenly alarmed by two men having a scuffle, during which one was thrown down and received a wound sufficient to cause some hemorrhage. This caused her to feel sick and faint, when she was brought home, where she at once fainted.

During the night she was seized with uterine hemorrhage, sick stomach, pain in the back and loins, and the usual symptoms of pelvic suffering in women.

When Dr. Meigs first saw her, she was pale, weak, and there had been from the time when she was first taken sick, a slight but continuous sanguineous discharge from the vagina—a period of eight weeks. There was difficulty of micturition; she was obliged to void her urine two or three times during the night, and this was always accompanied with some pain. There was constipation and pain on emptying the rectum. No fever, pulse quite natural, and complexion pallid.

Under these circumstances it was thought at first that the case was one of retroversion of the uterus. On vaginal examination, a tumor was found projecting into the posterior *cul de sac*, and this at first, strengthened the supposition of retroversion. But on a more careful examination, it was found that this tumor could not be moved, that it was of a doughy hardness and tender on touch. The tumor projected more toward the left side, than to the right of the cul de sac, which was comparatively free. The uterus was somewhat lower down in the vagina, than normal; the os somewhat soft and patulous, and directed backward and downward, instead of upward and forward, as in cases of retroversion, where the fundus is tilted back.

Simpson's uterine sound being introduced, the handle, or point of the instrument was depressed, showing that the fundus of the organ was not thrown backward. The handle also inclined to the left, showing that the fundus of the uterus occupied a somewhat oblique position toward the right.

On a careful external examination, a little hardness and tumefaction was found to the left of the pubic region. Since then, within a few days, the pain has become more marked; there is now a decidedly fluctuating tumor appreciable on examination; the patient has for several days had chills, with a pulse of 140, great pain, swelling of the abdomen, and the signs of a local pelvic inflammation generally.

Facial Paralysis.—William M., 34 years of age, came into the hospital last Saturday. He has some difficulty of speech, and presents all the ordinary symptoms of paralysis of the right portio dura, or 7th pair of nerves. The right buccinator, orbicularis oris, levator anguli oris, corrugator supercilii are paralyzed, and the same muscles on the other side acting, he presents the ordinary distorted face of these cases. No cause whatever can be found, with the exception of rheumatism. Whether this is the true remote cause, however, is uncertain.

Treatment.—Iodide of potassium and electricity.

African Fever.—Wm. S——, a seaman, 27 years of age, returned from the coast of Africa on the 20th of August. His vessel had been lying near the coast of Africa for several weeks, for the purposes of loading and reloading, but during that time he had never slept on shore. Soon after the vessel left, he was taken with a low fever, which has lasted until now. He complains of no pain, but only of excessive weakness. There is no delirium, subsultus, meteorism, etc., and he is simply suffering from the remittent, or congestive fever of Africa, by which name the disease is known. There is some engorgement of the liver; very little, if any, of the spleen.

Treatment.—Light wholesome diet, together with 2 grains of quinine, and 5 grains of the tartrate of ammonia and iron three or four times a day.

Cases of Typhoid Fever—Retrocession of the Disease.—This patient, William C——, a lad, 16 years of age, has been in the hospital for more than six weeks, suffering from typhoid fever. No unusual symptoms were present, and he appeared gradually to become better under tonic and stimulating treatment, when a few days ago he had a partial relapse. What is remarkable, *the rose-colored lenticular eruption of typhoid fever has made its appearance for a second time*, there is a return also of the sudamina, and the pulse has increased to 116 in a minute. He has been carefully watched, and no imprudence can be ascribed as cause of this retrocession.

It is barely possible that there is a tubercular diathesis in his case. This frequently comes out in this way in cases of typhoid fever, giving rise to relapses.

The tonic and stimulating treatment is to be continued, and turpentine added.

The *second* case is that of the patient W——, referred to in our last number.

The eruption is now fading away, and followed by crops of sudamina. His abdomen is somewhat tense.

He has the deafness of typhoid fever in a marked degree, and at night is very delirious, wandering about the ward if not constantly watched.

His bowels have now become loose, and a slight diarrhœa is setting in.

Cases of Lead Poisoning.—The case referred to in the last No. of the REPORTER is somewhat better;

his abdomen is not as contracted, and the vomiting has abated. He is still kept under the influence of iodide of potassium.

The *second* case is that of Bartholomew D——, æt. 35, who has been in the hospital twice before for the same disease, as has also his wife. They both contracted the disease by drinking water which came through a long length of leaden pipe.

The blue line of Barton is well marked in this case as in the former.

Treatment.—Dovers' powder, quinine, and iodide of potassium.

EPISCOPAL HOSPITAL.

[Reported by Henry R. Tilton, M. D., Resident Physician.]

Retention of Urine—Enlarged prostrate—False passages of Urethra—Autopsy.—This patient, aged 70 years, was admitted for complete retention of urine of seventy-two hours duration; he was in a typhoid condition. He was sent to the hospital by an irregular practitioner, who stated "that the bladder could not be emptied without an operation, as he had pushed in a catheter with all his force, and failed." The bleeding from the urethra and swollen state of the penis were proofs of his truthfulness. As the patient was sinking, Dr. Kenderdine was sent for, who directed a full dose of morphia and a warm semicupium; after waiting sometime, a catheter, with a large bore and prostatic curve, was gently inserted, and kept as much as possible to the upper part of the urethra, and as it reached the neck of the bladder was thrown forwards by the finger in the rectum, and the external end depressed between the thighs: after some delay it entered the bladder. A large quantity of offensive urine was drawn off, very nearly filling a large pot. The vesical tumor extended above the umbilicus, feeling like a grand womb. The urine was ejected with little force, showing the bladder had lost much of its tone.

Directions were given to notice how rapidly it would refill and cause distress; in less than eight hours the man was suffering almost as much as when admitted, and requested the catheter. Erichsen alludes to the same fact.

The patient was placed on good diet, per chlor. of iron and quinia, with inf. Buchu and Bicarb. Soda, and the bladder emptied four times daily. For several days he seemed to do well, then sank rapidly, and died on the fifth day.

Autopsy. Abdomen only examined; the bladder was enlarged and thickened, the interlacing muscular fibres resembling a net-work of thick cord, the mucous membrane was mortified in patches, the middle lobe of the prostrate gland projected upwards as large as a good sized nutmeg, forming a complete valve at the orifice of the urethra; the ureter were much enlarged and dilated at the kidneys into good sized pouches; four false passages existed in the urethra; how they were formed could be explained by supposing that the end of a flexible catheter had caught in a mucous follicle, and been forcibly pushed through; the urethra was much inflammed.

Fatty Tumor on the Shoulder—Obscurity of diagnosis; Removed—Recovery.—Cath. S., aged 50, admitted for tumor on upper part of shoulder, which prevented her raising the arm or drawing it backwards, by the pain and the mechanical interference; it caused the motion forwards; was tolerably free; it was not much elevated, but several inches in diameter; its surface was smoothly convex, except in two or three places, where there were portions harder and more elevated than the rest. It felt soft, and had been growing for four years. There was always a dull heavy feeling in it, and occasionally acute pain. The superficial veins were varicose.

As she desired its removal, the nature of it was the subject for consultation.

There were some signs of malignancy about it, as the frequency of malignant diseases about joints; the small elevated lumps felt in it, the darting pain she averred having, and the varicose condition of the superficial veins, but as any swelling will produce these, they are not of much value in a differential diagnosis.

Her countenance was not cancerous. It was pale and care-worn, rather than sallow. She made her living by her hands, and her appearance was more expressive of anxiety at the dreaded loss of means for her subsistence, than of actual suffering. When punctured with an exploring needle much serum escaped, it was therefore deemed either to be fatty, or a cyst filled with a gelatinous fluid, and its removal was agreed to.

An incision was made over the mass, and the skin, which was closely adherent, dissected off; the under surface was easily separated by the fingers, except over the acromion, to which it was firmly attached. The tumor had partially displaced the deltoid, and was attached to the capsule, and as it dipped down into the axilla it required much care to avoid important parts. Not much blood was lost, but two vessels required tying; the wound was united by sutures. There was some suppuration, but it healed rapidly.

When removed the tumor rssembled a woman's breast enlarged. The motions of the joint were not improved by the operation, the muscles having probably lost their power.

Rupture of Tendon of Rectus Femoris, and Crureus. Ike, a stalwart negro whitewasher, while riding in a cart, was thrown forwards, and fell on a stone, striking the limb just above the patella, causing the injury mentioned above. As he was unable to stand,

his companions brought him at once to the hospital. The knee was already somewhat swollen, and immediately above the patella was a deep depression, extending down to the femur, about one and a half inches broad, showing that it was a rupture of the conjoined insertion of the rectus and crureus muscles; the rectus was somewhat thickened from the retraction; the skin was only bruised. He was unable to extend the leg. He was placed upon his back, the limb extended and bandaged from the toes to the upper margin of the patella; the muscles were then forced down by gently compressing them, and the roller continued to the groin; the limb was placed upon a straight splint, and elevated. The bandage on the knee was wet with lead water and laudanum. The swelling soon abated; in two weeks the parts seemed firm, in three weeks passive motion was made, and in thirty days he left the house with good control over the joint.

Fracture of both Bones of the Leg—Dislocation of Shoulder forwards.—A. W., aged 30, a coal heaver, fell from a scaffolding into a coal boat at Port Richmond, and was injured as mentioned above; he was much prostrated by the shock. The prominent acromion, the hollow below it, the head of the bone felt just beneath the clavicle, obeying the motion of the arm, and the elbow thrown from the side, showed at once, that there was a forward dislocation. Efforts were made to reduce it by manipulation, but as the scapula was very movable, it was impossible to accomplish it. He was etherized, when the reduction was easily effected by placing the heel in the axilla and drawing on the arm, after which it was secured to the side by a bandage and gave him no further trouble. His leg was put in a fracture box, and the inflammation controlled by cloths wet with lead water and laudanum; in six weeks he was able to walk and was discharged cured.

EDITORIAL DEPARTMENT.

Periscope.

Slow Poisoning by Preparations of Lead; its influence on the offspring.—This subject has been made the study of M. Constantine Paul, of Paris, and the results of his observations are deposited in the Archives Générales de medicine. We condense a resumé of the work as given in the *Gazette Hebdomidaire.*

The attention of M. Paul was first directed to the hereditary transmission of the effects of inorganic substances introduced into the system, by the case of a woman, who had given birth to three healthy children before she became exposed to the influence of lead; but who after she had become exposed, had in ten pregnancies, eight miscarriages, one still-born child, and one born at full term, but which died at the age of six months. The investigations which M. Paul instituted to ascertain whether the lead could have been the cause of this mortality in children, led him to collect eighty-one observations, principally of women. From these he considers himself justified to affirm: "that the saturnine intoxication manifests itself not only by the ordinary accidents which we know, but also by the death of the fœtus, or the premature birth of the infant, whether it be the father or the mother who has been the subject of lead-poisoning."

This fact is obvious, says the author;

"1. From the occurrence of metrorrhagies in women who have had a suppression of the menses during one or more months, with all the signs leading to a suspicion of pregnancy, as for these signs at so limited a period are of avail;

2. From miscarriages at three to six months;

3. From premature births, in which the children were stillborn or dying.

4. From a mortality below the average, during the first three years of infancy.

Here are some of the details: The eighty-one observations of M. Paul gave a number of 123 pregnancies. In these there were:

64 abortions;

4 premature deliveries, one at the seventh, and the other at the third month;

5 stillborn;

20 children died in the first year;

8 in the second year;

7 in the third year;

1 died at a later period;

14 living children, of which only 10 are over three years of age;

15 hemorrhages, belonging doubtlessly to abortions at a very early stage of pregnancy.

Thus, in 123 confirmed pregnancies, 73 children died before accouchement. These figures speak for themselves.

The noxious influence of saturnine intoxication upon the offspring is thus obvious. Another proof is found, when the results of pregnancy before and after the lead-poisoning are compared. M. Paul cites the cases of five women, who, before being subjected to the lead, had together given birth to 9 children at full term, and without metrorrhagies, miscarriages or other accidents. Since they had been exposed to the lead, they represented together 35 pregnancies; among these there

were 26 miscarriages; 1 premature birth; 2 still-born; 5 children died, 4 in the first year; 2 are living, one weak and feeble, and the other has not reached its third year.

Again, M. Paul cites the case of a woman, who had five miscarriages in so many pregnancies while she worked in lead, and who, after having changed her occupation gave birth to a living and thriving child.

The influence of lead-poisoning, transmitted by the father to the child, is as clear as that by the mother. It is perhaps less fatal, probably because in the mother the intoxication operates upon the organism, not only at the moment of conception, but during the whole period of gestation.

The aptitude to fecundation does not appear to be modified by the saturnine intoxication.

The Presence of Muscular Fibres in the Walls of the Pulmonary Vesicles.—On this subject, we give the following from the *Gaz. Hebdomadaire*, after the Wiener Mediz. Wochenschrift:

M. Moleschott, in a dissertation published in 1845, had pointed out the presence of muscular fibres in the walls of the pulmonary vesicles. This assertion was violently opposed by authors who had also studied the structure of the lungs, by M. Rossignol, M. Adriani, and Kölliker. Of all anatomists, Gerlach alone, in 1849, admitted the existence of these fibres. M. Moleschott pointed with the greater confidence to the authority of this latter anatomist, because he having not referred to his own dissertation, seemed to have arrived at his conclusions from original and personal observations. "I was enabled," said M. Gerlach, in 1854, "to find muscular fibres in the walls of the pulmonary vesicles of the sheep, as well as in the smaller bronchi, and I have even observed them in the lungs of a child two years of age." In view of the denials of MM. Rossignol, Adriani, Kölliker, Harting, Donders, and Reichert, M. Moleschott thought it necessary to submit his previously published opinion again to the test, and his recent researches have plainly confirmed the truth of the fact which he has discovered.

The author examined principally the lungs of the pig, of the ox, and those of adult men. He recommends to those who have never seen the muscular fibres of the pulmonary vesicles, to commence with the lungs of the pig. Generally the lungs of adult animals are better suited to this study than those of young animals.

To render the smooth muscular fibres in the walls of the pulmonary vesicles visible, cut small cubes of pulmonary tissue from 4 to 6 millimetres in thickness, plunge them into a solution of sufficiently concentrated acetic acid, in which they are permitted to remain several months, or even a year. After taking them out of the acetic acid, let them macerate for twenty-four hours in distilled water. Then the microscopical examination is made, and to moisten the section, a solution of acetic acid 1.5 to 100 is used. The sections thus prepared show very plainly muscular fibres in the walls of the pulmonary vesicles, of the smooth kind, presenting their characteristic form and provided with nuclei, and of a little yellowish tint. Another procedure consists in insufflating the lungs, then to make sections of 4-6 centi-metres in thickness, and after they have become sufficiently dry, to cut off smaller slices, which are left to remain for about three hours in a solution of acetic acid of the strength of 1 to 100. If it is desired, in order to measure the muscular fibres, to isolate them completely, it is very advantageous to let the slice or segment macerate half an hour or an hour in a solution of potash, 35 parts to 100.

The lungs of the pig are those in which the vesicular walls contain the largest number of non-striated muscular fibres, and the least of elastic; those of the ox, as far as the amount of muscular fibres is concerned, stand next; those of man come last.

In the pig and the ox they are sometimes seen in bundles of 2, 3, or 4 fibres in juxtaposition; but in man they have very rarely been seen to be joined together, and when they were, never more than two.

M. Moleschott describes carefully the characteristics in the form, the situation, and the chemical reactions, as referring to the muscular elements of these fibres, and even their nuclei, characteristics which prevent their being confounded with the fusiform epithelium of small arteries, or with formative cellules of the elastic tissue.

From these investigations of Moleschott, which will probably soon be successfully repeated by others, it is evident that the term "spasm of the lungs," once considered obsolete and improper, has really a anatomical and physiological foundation, and that asthma, in some of its forms, may be looked upon as a spasmodic contraction of the vesicular muscular fibres, as well as of those of the bronchi.

The Absorption of the Dark Caloric Rays of Light in the Media of the Eye.—On this subject M. J. Janssen has made a series of experiments and presented his results in a memorial to the Academie des Sciences. The author extended his researches to the following points:

1. To determine the quantity of caloric which reaches the retina of the eyes of various animals and from various sources.

2. To determine the relative proportion of caloric absorbed by each of the various media of the eye.

3. The thermocrosis of the various media of the eye, or the study of their mode of action upon caloric.

The following are M. Janssen's conclusions:

1. In the higher animals the media of the eye, which transmit light perfectly, possess, on the other hand, the property of absorbing completely the rays of caloric, thus affecting a most decided separation of these two kinds of radiation.

2. In a physiological point of view, this property of the media of the eye appears important, when we consider, that in our best sources of artificial light the calorific intensity of the dark radiations is double that of the luminous radiations.

3. These dark radiations are generally absorbed with extreme rapidity in the anterior media of the eye; the cornea absorbes two-thirds and the aqueous humor the other third.

4. In reference to the cause of this quality of the media of the eye, it is entirely owing to their aqueous nature; their thermocrosis is identical with that of water.

5. Finally another conclusion appears natural in reference to our artificial sources of light; must they not be considered to be very imperfect as yet, because, even in the best among them, there is such a great disproportion between the useful rays, and those foreign to the phenomenon of vision?

Triumphs of the Obstetric Art.—Dr. W. Farr, in a recent letter to the Registrar General, on the causes of deaths in 1857, notes that the happy decrease in the danger in child-bearing continues; 42 mothers died to every 10,000 children born alive in 1851; in 1847 the proportion was 60; in 1848 it was 61; and since that date the mortality has regularly declined year by year, leaving the average loss in ten years 51 mothers to every 10,000 children born alive. This branch of medicine, he adds, is cultivated in the present day with extraordinary zeal by men of superior ability.—*Lancet.*

Inhalation of Arsenical Vapor in Chronic Bronchitis.—In chronic bronchitis, attended with difficulty of expectoration, M. Trousseau directs the smoking of cigarettes, each charged with a fifth of a grain of arenious acid. Three or four of them are to be used during the day, and the smoke inspired deeply.

Reviews and Book Notices.

FOOD FOR BABES, OR ARTIFCIAL HUMAN MILK, AND THE MANNER OF PREPARING IT AND ADMINISTERING IT TO YOUNG CHILDREN.

This is the title of an admirable little duodecimo from the pen of *Dr. Cumming, of Williamstown, Mass.*

He proposes a plan for supplying *Artificial Human Milk* to infants unable to procure from the maternal breasts, nutriment of the proper quality and quantity. He has adopted this plan in his own household for a number of years with the most gratifying success. He claims that it produces a wonderful immunity from colic, pain in teething, and various disorders of the stomach and bowels; that it contributes materially to uniform growth, prosperity, vigor and health, if it does not secure it; and that, in many cases it will relieve almost instantly the distressing symptoms of wasting diarrhœa, &c. He states that in composition it closely resembles the natural secretion of healthy and vigorous mothers, and contains all the ingredients necessary for the proper growth and development of the child. This artificial human milk is to be obtained in two ways.

1st. By taking the *upper third* of cows' milk that has *stood* for four or five hours; this containing 50 per cent. more butter than the ordinary milk of the cow.

The second, and in warm weather, the better way, is to take the milk from the latter half of that given by the cow, (containing the "strippings,") taking care that the cow be milked dry. In both instances, the milk is to be diluted with 1½ parts of soft water, and properly sweetened with loaf sugar. The animal from which the milk is to be taken, must be from 4 to 10 years of age, and free from disease of any kind, it being unimportant that she should give a large quantity of milk. Her calf should not be less than two weeks old, and when it becomes four or five months old, the cow is to be given up and another

selected. The best feed for the cow is hay and salt and water, which will improve the quality of the milk though the quantity may be less than when other articles of food are employed.

Various dilutions are of course required for various ages.

Thus for the first two weeks after the child's birth it is to be furnished with an *artificial colostrum* which requires the use of the upper *eighth* instead of the upper third of milk which has stood for four or five hours; or, the employment of the last *tenth* of the milk furnished by the cow.

A schedule is given, arranged to suit the wants of vigorous children of various ages.

Attention is to be paid to the physical condition of the child as well as its age, in preparing the required dilution.

The milk should be prepared twice a day in warm weather, unless kept on ice.

The milk is to be administered by means of a bottle, with the neck occupied by an artificial nipple composed of a goose quill rolled up in a strip of muslin; all of which are to be kept scrupulously clean.

The milk should be given at regular intervals, the child taking at each time as much as it wants; and the child should be trained to pass six or eight hours at night without being fed.

The temperature of the milk when given should be about 100°; it should be taken slowly, and the flow from the bottle controlled by a proper arrangement of the quill and muslin.

Dr. Cummings thinks this mode of feeding should be continued until the children obtain their full set of teeth, or to nearly the age of two years—or at least rely exclusively on it until 16 teeth are fairly developed, when other food may be gradually commenced with.

Burmeister has recently returned to Halle, from his four years exploration in South America, with immense zoological and palæontological collections.

Henry Nadault Buffon has just published the correspondence of his grand-grandfather, the celebrated naturalist, whose saying, "*le style c'est l'homme*," is fully illustrated in his own name.

There are more than two thousand regular medical practitioners in London.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, SEPTEMBER 1, 1860.

THE QUACK MEDICINE NUISANCE.

One of the greatest public nuisances, no doubt, is the traffic in secret medicines and patent nostrums. It is difficult to estimate, even approximatively, the large amount of injury which it inflicts upon men, and especially upon the American people, where it has unlimited sway; and to contemplate the loss of life and health which it produces. "Does the applicant ordinarily, or habitually, resort to quack medicines or secret nostrums?" would, we think, be a very proper interrogatory, to be added to the list of questions put by life-insurance companies to those who wish to become recipients of their benefits.

To us, as physicians, the injurious influences and effects of the unrestricted traffic in patent medicines and quack nostrums are so apparent, that we hardly need to dwell upon them. We all know them. We have seen the victims of this miserable traffic, the ignorant and the wise, the rich and the poor, old and young, the millionaire and the humble mechanic, hurried into the grave by it, when nature, and a proper scientific attention to her laws might have saved them. Infants and children are drugged with all sorts of dangerous secret panaceas until they die, innocent sacrifices on the altar of fraudulent avarice and ignorance. Widows and orphans pay their last dollar for a bottle of foul, vile, secret stuff, to enrich those engaged in the traffic of patent medicines and secret nostrums. In its very essence this traffic is one of fraud and deception. There is not a solitary secret, or patent medicine sold, for which its rapacious originator, and those who abet him, do not claim more than is true. Who can see these lying handbills, obscene almanacs, cards stuck out at show windows and read their pretended cures, and sure-cures, and all cures, without blushing for truth? It is not a mere "trick of the trade;" but in its *very origin* the traffic is a trade of lies.

It is a moral wrong, because under the most deceptive promises; under exaggerated and

false certificates; under delusive recommendations it holds out to ignorant invalids hopes of recovery, which it does not fulfil, and thus cheats them out of *money*, while at the same time it prevents them from seeking proper advice, and thus cheats them out of health and life. It is worse than lottery. This swindles its poor, deluded victims out of their worldly gain, the traffic in patent medicines swindles *its* victims of health and life. How many of the hundred thousand bottles of secret nostrums and patent medicines, really accomplish what they promise; how many do absolute harm? No man can calculate their evil effects, nor rate the mischief which they have done.

It is a moral wrong, because it stimulates crime. Those pills "which remove and regulate all female irregularities, and which must not be taken during pregnancy, for they are sure to bring on miscarriage," are they not directly tending to increase licentious intercourse and put a premium on criminal abortion? It is certainly a matter of congratulation that gradually those outside of the profession are looking at this subject in its proper light. As long as a year ago, the "Century," a weekly paper, published in New York, came out in a leader in the following manner:

"To lie like a Bulletin," is a phrase formerly used to express the extreme of mendacity; to "lie like a quack Doctor," may now be employed to communicate the same idea; still hundreds and thousands believe in him, swallow bushels of his universal pills; drink gallons of his purifiers, sanguifiers, ready medicines, and love-cordials, thus enabling him to rear palatial dwellings, and to drive his greys in silver-covered harness. It is not always that his drugs are deleterious, but then they are inefficacious, and even in this case he defrauds the poor, who are his principal customers, and wrings from their hard-earned pittance, the means of luxurious enjoyment. In most cases he sows the seed of disease and death. His career entails more evils than those only physical, for it shakes the belief in retributive justice, by presenting a spectacle of scoundrelism seemingly successful. The revolver, the bowie-knife, the railroad and the quack nostrum, are in every section of this country among the mighty agencies of death."

Such language is certainly encouraging, coming as it does, from the secular press. Yet how much has that yet to atone and to answer for?

That part of the press which aids in this nuisance all over the country is unfortunately greatly in the majority. They unhesitatingly insert these lying advertisements in their papers, living, to a certain extent, from the proceeds of a traffic, which can scarcely be considered in any other light than that of wholesale poisoning. Every day, or every week, they trim their goose-quills and write sentimental, most touching editorials on reforming our poor, our municipal affairs, our national government, and the world generally; but on the very next page they, for the sake of lucre, willingly assist in poisoning and murdering people by quack medicines and secret nostrums, making themselves "*participites criminis*" before the fact in all the iniquities of the traffic.

We do not think that the representatives of the press who aid this nuisance believe in the truth of the money-extorting advertisements which they publish. For that we consider them too smart. This makes their conduct all the worse.

We hope that the influence of the secular and religious press will cease to be exercised in favor of this iniquity, and that they, as far as our knowledge extends, *solitary* example of the "Century" will soon find many followers. It would add greatly to the respectability of the press and be a boon to the community.

REFUSES TO BE CALLED "DOCTOR."

The title of Doctor, which, in this country, is free to every one who chooses to "dub" himself with it, is in great favor with the clericals, and all who seek notoriety. Recently we noticed the conferring of the degree of L. L. D. on a rich quack medicine vendor in this city, who makes no pretensions to the least

literary or scientific merit, and also the degree of M. D., on an ignorant patent-truss maker in the city of New York. As it is an appellation which can be assumed by all, it should be discarded as an honorary evidence of merit. From custom the public apply it to every one who professes to follow medical doctoring as a profession—or *trade*. As such it is perhaps a convenient, distinctive mark of the craft; but when assumed by clergymen and others, whether in the form of the honorary titles of Doctor of Laws or Divinity, it means nothing more than that the subject has had influence or money enough to obtain the empty title.

A creditable example in this matter, particularly to clergymen and others who delight in being called "Doctor," has just been set by the Reverend Henry Ward Beecher.

Amherst College conferred on him, a few days ago, the title of D. D., and the proffered honor was in a decided manner declined.

In vanity there is no evidence that Mr. Beecher differs from most of his fraternity who crave the title, and had the offer been made before the untitled name of the great sensation preacher become familiar to every one, and his fortune in notoriety acquired, he might now be burdened with the "incumbrance." But from whatever motive the title has been declined, the declination is something so unusual as to be worthy of note, and important as a precedent which it is hoped men of real merit will hereafter follow.

The following is Mr. Beecher's letter returning the degree to the College:

"PEEKSKILL, Aug. 21.

To the President and Board of Trustees of Amherst College:

GENTLEMEN:—I have been duly notified that at the last meeting of the board of trustees, the title of Doctor of Divinity was conferred upon me.

It would certainly give me pleasure should *any* respectable institution bear such a testimony of good will. But that Amherst college, my own mother, should so kindly remember a son, is a peculiar gratification.

But all the use of such a title ends with the public expression of a wish to confer it. For the rest, it would be but an incumbrance, and furnish an address by no means agreeable to my taste. I greatly prefer the simplicity of that name which my mother uttered over me in the holy hour of infant consecration and baptism. May I be permitted, without seeming to undervalue your kindness, or disesteeming the honor meant, to return it to your hands; that I may to the end of my life be, as thus far I have been, simply

HENRY WARD BEECHER."

The granting of this degree and its cool declination remind us of Dr. Samuel Johnson's letter to Lord Chesterfield, after his Lordship, in a patronizing manner, had favorably noticed the work of the great lexicographer. The following is an extract from it:

"Is not a patron, my Lord, one who looks with unconcern on a man struggling for life in the water, and when he has reached ground, incumbers him with help? The notice which you have been pleased to take of my labors, had it been early, had been kind; but it has been delayed till I am indifferent, and cannot enjoy it; till I am known, and do not want it. I hope it is no very cynical asperity not to confess obligations where no benefit has been received, or to be unwilling that the public should consider me as owing that to a patron, which Providence has enabled me to do for myself. Having carried on my work thus far, with so little obligation to any favorer of learning, I shall not be disappointed though I should conclude it, if less be possible, with less."

"Grieve for an *hour*, perhaps, then *mourn a year*."
Pope.

The Philadelphia *Ledger* presents the impropriety of a lugubrious custom which, it is said, is peculiar to this city. It says:

"A practice prevails in this city (and we believe no other place of any importance) which has a tendency to take from it some of its attractions, if not to create a wrong impression in regard to its health. It is the custom on the event of a death in the family to signify it by craping the bell-pull and all the bowed window shutters from the top to the bottom of the house. There is propriety probably in this, as it tells at once the affliction of the family, and saves it from untimely visitation at the time. But it is also customary to have these badges of mourning hanging from the window shutters for many months, and in a large and populous city like this, where death is frequent, it is no unusual thing to see half a dozen houses in the same square with these sable signals, giving to a stranger the idea that the city is visited by an epidemic and that there is death in nearly every house. We, who are accustomed to this sight, do not regard it, but we have

heard others, to whom it is not familiar, speak of the painful impressions which it imparts to them as they pass along our streets, and how much it detracts from what would otherwise be to them a beautiful city, full of life, health and activity. As this custom is only a thing of fashion, and some years ago did not exist, or at least not to the extent it now does, its propriety may well be questioned, when it produces effects so injurious to the character of the city. Visible testimonials of respect for the dead are proper and becoming within due bounds, but the practice we allude to looks like an ostentatious display of it, while it detracts from its sacredness."

The source of these uncommonly sensible remarks is a paper which does not often make a suggestion in which its own selfish interests are not the motive, and we felt almost inclined, from the above, to anticipate its speedy dissolution, and thought that the above mortuary remarks were intended to be a sufficient excuse for the deficiency of the ordinary emblems of mourning which would certainly be noticed at its demise. Nevertheless the argument is a good one, and deserves the general attention of the community, and of the medical profession in particular, whose influence in all domestic arrangements is preëminent.

The custom must impress strangers even more unpleasantly than the showy coffin shops of New York city, in the windows and at the doors of which coffins are displayed as attractively as possible. Some are cushioned and padded to give them the most inviting air of comfort, and others are lined with satin and covered with tinselled trappings, so as to cater, to the last moment, to the "ruling passion strong in death," for show. The cheap pine box, adorned only with scanty red paint, is also exposed for the choice of the economical. The shop being illuminated through the entire night, and the show-window, with its dismal array of coffins large and small, remaining open, make it a scene not calculated to tranquilize nervous nocturnal travelers.

The doleful custom of draping the windows in our city with long crape streamers, needs but to be presented in a proper manner to insure its discontinuance.

Cholera continues to prevail in Southern Spain.

Dr. J. P. Logan, of Atlanta, Geo., writes us, that in the reports of the Convention of Medical teachers held in New Haven last June, published in this and other medical journals, his position on the subject of medical education has been misrepresented. This was in the substitution—by mistake—of the the word "higher" for "uniform" in the *whereas*, preparatory to the resolutions offered by him. His resolutions were based, therefore, not on the proposition that the colleges of the country, by not sending full delegations to the convention, showed that they were opposed to a *higher*, but to a *uniform* system of medical education. Dr. Logan says—"This error places me in a false position. I have never been the opponent of a higher and improved system of medical education, but, on the contrary, have been its advocate."

We are glad of the opportunity of correcting this error, as we have never been able to reconcile the wording of the remarks, with the known interest that Dr. Logan takes in the advancement of medical education.

Correspondence.

Cœrnarvon, August 7th, 1860.

Editors of Medical and Surgical Reporter.

GENTLEMEN:—The other day I went to the University College Hospital, which, although celebrated from the distinguished men connected with it, or who have been connected with it, is nevertheless small, and somewhat in want of funds, as it has at present only the means of accommodating one hundred and twenty patients. While there I accompanied Dr. Walshe, one of the physicians, around the wards. He pays his visits, not daily, as is the custom with the physicians to the hospitals in the United States, but twice a week only; and has only a certain number of the medical patients under his charge, the others being divided among his colleagues. To make up for this, however, his term of duty lasts all the year round. The patients of any one physician are not always collected together in one ward, but they are often scattered about and intermingled with those of the other physicians, although my informant told me that *now* they generally separated them so far at least as to put them on different sides of the ward.

Dr. Walshe was accompanied in his circuit by the

nurse, who is a woman, as well in the *male* as in the *female* wards, and by six or eight young men, the business of one of whom was to take down everything which was said about the cases. Each patient was examined patiently and thoroughly, and minute directions given. So much time indeed was taken with each one, that although he did not visit more than twenty, an hour and a half was consumed in attending to them. Dr. Walsh in ausculting uniformly employed the stethoscope; never in any one instance placing his ear directly to the chest of the patient.

Erichsen is one of the surgeons attached to this institution; in former times it boasted of the name of Liston.

The lecture room connected with University College, is the largest which has as yet come under my notice, and reminded me more of home, although it does not begin to compare with ours in point of size. I was informed that about seventy or eighty attend the lectures on Anatomy, and a somewhat smaller number, the lectures on other subjects.

I saw the Medical Library, which appeared to me to be about two-thirds the size of that at the Pennsylvania Hospital. I did not hear what the number of books was, and consequently am unable to give a reliable comparison. I visited, likewise, the dissecting room and the laboratory, but saw nothing worthy of special remark in either, unless it was that the tables for dissection appeared to me to be too small to be convenient, and to be unsteady. No dissecting was going on when I saw the rooms. They do not dissect in warm weather.

The Museum, which is the second in London in point of size, has been recently fitted up anew, and is beautifully arranged for examination. Most of the wet preparations are on shelves, accessible on both sides, so that without removing them from their places they can be thoroughly examined.

In a room adjoining that in which the museum is placed, are a number of statues and bas-reliefs by Flaxman. These, as well as the other things which I have last mentioned, are not in the same building as the hospital, but across the street, in University College, which is a very handsome edifice, with a dome and with a large open space in front, reminding me somewhat of the Pennsylvania Hospital. The hospital itself, is a very plain square building, at the junction of two streets, and with no open space or trees near it to give it an attractive appearance.

I shall now give you a short description of the Birmingham General Hospital, which I have visited since leaving London.

This hospital was established in 1772; it contains 240 beds, and in the past year upward of 20,000 patients received medical and surgical relief. Of this number, however, a very large proportion were out patients, for in England the hospital and dispensary are very generally combined. On the occasion of my visit I got into a crowd of these out patients, and found some difficulty in pressing my way through them; there were so many. I was informed that two hundred were prescribed for every day.

In this hospital, as in the one I visited at Liverpool, I noticed the names of donators to it printed in gilt letters on the walls of one of the rooms.

The museum of the hospital is in the Sydenham college buildings across the street. In this college they have the following Professorial chairs:

Anatomy and Physiology.
Pathology.
Anatomy—Descriptive and Surgical.
Principles and Practice of Medicine.
Principles and Practice of Surgery.
Surgical Pathology.
Midwifery and the Diseases of Women and Children.
Therapeutics and the Treatment of Disease.
Materia Medica and Pharmacy.
Chemistry—theoretical.
Chemistry—practical.
Botany—systematic and structural.
Forensic Medicine.

The lecturer on Pathology is also the lecturer on Therapeutics. With this exception, each chair is filled by a different man.

There are two sessions in the college; the winter session commences early in October, and ends at the end of March. The summer session lasts from the beginning of May until the end of July. The expenses amount to about the same, or only a little more than in our colleges, as £50 or $250 will purchase a perpetual ticket to all the lectures. There is likewise a matriculation fee of about five dollars—a fee for the reading room and museum of the same amount annually, and a medical tutor's fee of ten dollars.

The fees for attendance on the hospital are as follow:

Medical Practice.

	£.	s.	d.		
For six months,.....	7	7	0	or	$35 00
For twelve months.....	10	10		or	50 00
For eighteen months.....	12	12		or	60 00
For three years.....	21			or	100 00

Surgical Practice.

	£.	s.	d.		
For six months.....	8	8	0	or	$40 00
For twelve months.....	10	10	0	or	50 00
For eighteen months.....	15	15	0	or	75 00
For three years*.....	21	0	0	or	100 00

*Being the time required by the Royal College of Surgeons.

In this hospital there are four physicians and four surgoons; each comes thrice weekly all the year round, and has his own patients.

Truly, yours,

M. D., ABROAD.

New York, August 26th, 1860.

MEDICAL EDUCATION.

Editors Medical and Surgical Reporter.

A great deal has of late been said in medical journals relative to the subject of medical education, and its various points have been handled with considerable ability.

On one particular, however, and one of considerable importance too, when reform in medical education is discussed, all the writers whose views have come under my eyes, have remained perfectly silent. Why, I do not know. But allow me to refer, and call the attention of the profession to it.

Is it not proper that in many of the schools throughout the country, a change should be made in the *appointment of the teachers?* I am far from asserting that in our medical schools at present, as a general rule, the chairs are not filled by excellent and capable men. Yet it is equally true that in many instances they might be filled by men of much greater talent, and *capacity as teachers*, if we had something like the "*concourse*" of the French, by which all who chose might apply to fill a vacancy, and where an honest rivalry would decide in favor of the best.

The same is true of appointments in hospitals. None familiar with medical politics throughout the country but knows that mere political preferences, not unfrequently pave the way to hospital appointments, to men who may be well qualified as physicians, but who lack every quality which constitutes an efficient clinical teacher. It is for this reason that clinical and hospital teaching is so much neglected in this country, and compared with Europe, an almost barren field.

Of course, I refer to no particular school or institution, but make these remarks generally, and in the hope of calling the attention of those better able to judge than myself, to the subject.

G.

News and Miscellany.

The Re-examination of the Body of King Charles the Twelfth of Sweden.—The publication of the discussion of the Swedish Society of Physicians presents in full the particulars of the recent examination of the body of Charles the Twelfth, by a commission appointed by the present monarch Charles XV. The object of the examination was the final settlement of some uncertainty which has long existed, and which has differently impressed historians, as to whether the king died from the effects of a shot from the works of the enemy, or by the hands of one of his own subjects.

The death of Charles occurred at the siege of Frederickshall, in Norway, in December 1718, where, as he was visiting the works of his engineers by starlight, he was struck in the head by a ball and killed upon the spot.

In the year 1746 an examination of the royal corpse, with a similar object to the present, was made, but was so incomplete as to be valueless in determining the question.

On opening the sarcophagus, the body, after remaining in it one hundred and forty-two years, presented the following appearances: A cushion of white linen, filled with aromatic spices, covered the kings head; beneath this and in contact with the face, was a handkerchief. The head was without a cap, but in place of the latter was a wreath of laurel. The hair was quite unchanged, of a light brown color, as long as the little finger, brushed straight up on both sides, but the vertex and upper parts of the head were bald. On the right side, immediately below the temple, was an oval opening, in which was a roll of linen filled with spices, and covered with a plaster spread on the wrong side of velvet. On the left side was an opening in the skull, also covered with plaster, which from its size and irregular appearance was believed to have been the wound of exit of the missile. The face was decayed, the mouth slightly open, and some teeth were visible. Under the head were linen cushions filled with spices. On the sides and arms lay long white bags filled in like manner; the arms were laid along the body, and the hands, covered with white gloves, were drawn towards one another; the shirt was of course Silesian linen, the shroud of Holland. On the left side, near the feet, deposited in the shroud, was found a small embroidered bag of blue silk in which was a metatarsal bone, the upper end being wanting. This appeared to be a bone from the king's foot, which was removed after a wound he received at the siege of Pultowa.

From the examination of the injuries of the cranium it was inferred that they were caused by gunshot, and that the direction of the missile was from a point higher than the spot on which the king stood when he was struck, as the fortification of the enemy. It was thought

that the wound was made by a musket ball or grape-shot which was somewhat spent, although having sufficient velocity to drive the projectile through the head.

The account in the original is illustrated with plates representing the appearance of the embalmed body of the deceased monarch.

Mortality of the Bliud.—At the meeting of the Association for the Advancement of Science Doctor Elliott presented interesting statistics on the mortality of the blind. From 1252 cases furnished by Dr. Howe, he constructed a life table, which shows a lower average of life among this class, which he attributed—1. To inherent deficiency in vital power; 2. Narrow range of employments; 3. Accidents arising from inability to protect themselves. In the north temperate zone, there has been for ages, about the same average proportion of blind people, four or five thousand in every ten millions. Is this essential, or accidental? Dr. E. believed it to be accidental, and that it may be guarded against. The causes of congenital blindness are found in general habits of disregard of natural laws. Of those who become blind, the vast majority are born with deficiency of vital power; that is, with the conditions of blindness, which may be developed like any other congenital affection, by circumstances that the healthy subject will resist. The eyes are not easily destroyed, when there is full vital power in the system. Witness workers in mosaic who show an astonishing power of endurance in the eyes. Men often work in smoke and dust, and wipe out great quantities of ashes and cinders from their eyes at night. In fact, it is almost increditable what wear and tear this delicate organ will sustain. The three chief causes of blindness are, scrofula, a general depraved bodily condition, and intermarriage between blood relations. Disease seldom destroys sight in persons whose eyes were originally strong.

The Ancient Flora of the N. A. Continent.—At the late meeting of the Association for the Advancement of Science Doctor Newberry gave a sketch of different floras on the North American Continent, remarking that the Devonian and Carboniferous floras had been characterized by the prevalence of cryptogamous plants, as ferns, &c, and that the floras of America during these ages strikingly resembled the European of the same epoch. At the beginning of the cretaceous era, the flora of the continent was revolutionized; the broad-leaved *dicotyledinous* plants were introduced and the vegetation assumed the general aspect which it wears at the present day. Among the cretaceous plants are found the *tulip tree* and *sweet gum*, which existed in Europe during the tertiary ages, but are not now known there. Dr. Newberry concluded by saying that the aspects of vegetation on our continent are of an antique type, and that the plants as well as many of the fishes are old fashioned forms.

Fiske Fund.—At the Annual Meeting of the Rhode Island Medical Society, at Newport, July 11, 1860, the Trustees of the Fiske Fund announced that two premiums of $100 each had been awarded—one to a dissertation on Diphtheria, by Dr. Daniel D. Slade, of Boston, Mass., and one to a dissertation on Uræmia and its Morbid Effects, by Dr. William W. Morland, of Boston. Other essays of unusual merit had been received by the Trustees. One on the first subject, bearing the motto:—

> *"Pallida Mors æquo pulsat pede*
> *Pauperum tabernas,*
> *Regumque turres,"*

was particularly noticed as entitled to honorable mention and worthy of publication. One on the second subject, with the motto, *"Il est toujours téméraire d'attaquer des expériences par des raisonnemens,"* was also mentioned as containing the records of original experiments which would be interesting to the profession.

The following subjects were announced for 1861:—

1. Aneurism: its varieties and their appropriate treatment.

2. Ozone: its relations to health and disease.

For the best dissertation on either subject, the Trustees offer a premium of one hundred dollars. Dissertations should be sent, free of expense, to Dr. S. A. Arnold, Secretary of the Fiske Fund Trustees, Providence, R.I., on or before May 1, 1861. Each should be marked by some motto, and accompanied by a sealed packet containing the same motto on the outside, and the writer's name and residence within. Packets accompanying unsuccessful dissertations will be destroyed unopened. The award will be announced at the Annual Meeting of the Rhode Island Medical Society to be held in June, 1861.—*Boston Med. & Surg. Journal.*

Army and Navy Intelligence.—The U. S. steam frigate Susquehanna has been put in commission, and is about leaving for the Mediterranean. She carries the flag of Commodore Bell. Surgeon W. S. W. Ruschenberger, one of the oldest surgeons in the navy, and who resides in this city when not on active duty, goes out in her as fleet surgeon. Dr. Ruschenberger will carry with him the good wishes of the members of the profession of this city, with all whose interests he has closely identified himself. Passed Assistant Surgeon Charles Martin, and Assistant Surgeon M. P. Christian, also sail in the Susquehanna.

Assistant Surgeon J. C. Bailey has been ordered to proceed to Fort Union, and relieve Assistant Surgeon G. Perin. On being relieved, Assistant Surgeon Perin has been directed to proceed to Albuquerque, and report to Major C. C. Sibley, third infantry, for duty, with the troops about to leave for the department of Texas.

Assistant Surgeon C. C. Byrne, Medical Department, has been assigned to duty at Camp Verde, Texas.

The leave of absence heretofore granted to Assistant Surgeon G. E. Cooper has been extended until the 1st of October next, when he will proceed to Fort Mackinaw, and report to the commanding officer of that post for duty.

Leave of absence for 30 days has been granted to Assistant Surgeons W. W. Anderson and W. J. L'Engle, Medical Department.

Passed Assistant Surgeon James Suddards, has been ordered to the Naval Asylum at Philadelphia.

A Call.—The original of the following, to the word and letter, has been handed in by one who has much medical experience, if not in royal circles, at least in "court" practice. Anything which varies the monotony of the usual elemosynary message of—"please call as soon as possible,"—must be refreshing:

"Doctre pleas Bring your toole to waxinait the Babey ass the small pocks are spreding in the necks Cort is peperment and oile good for the Collik in the Bowles."

A New College for the Training of Idiots has been opened at Greenwich, England. It is said to be for "idiots of the upper classes."

Erysipelas has been extensively prevailing in the Parisian hospitals, except those whose buildings and general hygiene are in the most approved style.

The Circular of the Committee of the Quarantine and Sanitary Convention has been received. Its object is an inquiry into the organization and practical working of dispensaries in this and other countries.

The committee appointed for this purpose at a previous session of the Convention failed to report. The present committee have commenced the work in an efficient manner, and the leading facts in regard to the New York city, and some other dispensaries, have been already obtained.

It is hoped that the importance of the inquiry will induce all who are connected with, or are interested in dispensaries, to give their aid in securing these valuable statistics.

The following gentlemen form the Committee:

F. E. Mather, *New York*
H. St. Clair Ash, M. D., *Philadelphia.*
Judson Gilman, M. D., *Baltimore.*
C. C. Savage, *Brooklyn.*
John B. Alley, M. D., *Boston.*

Ovarian Tumor Successfully Removed, weighing 63¼ pounds, from Mrs. Herbs, aged 54 years, of Schuylkill county, Pa., by Dr. Charles E. Hoffman, of Reading, Pa., assisted by his son, Dr. J. M. Hoffman, of Philadelphia, and Drs. Palm and Kœhler. The paient made a perfect recovery.

A Cheap Oleaginous Bath.—In cases where cod liver oil cannot be borne by the stomach, and in other complaints, the French are at present in the habit of employing oil baths. The following is a formula given by M. Jeannel, of Bordeaux.

Take

Carbonate of Soda,	350 grammes,
Warm water sufficient for an ordinary bath,	200 litres.

Dissolve.

Then take:

Carbonate of Soda,	50 grammes,
Warm water,	500 "

Dissolve in a bottle and add sweet oil of almonds, or cod liver oil, 250 grammes.

Shake for a few minutes to make an emulsion, then mix with the bath. It is necessary to render the water of the bath alkaline, by the carbonate of soda, else the oil separates in the emulsion on being added.

An oil bath of this kind renders the skin extremely lubricous for a long time, in spite of rubbing it with towels.—(*Gaz, Hebd.*)

An Aortic Aneurism Lanced by an Empiric.—The *Lancet* reports a prosecution of a quack for opening an aneurism, mistaking it for an abscess.

The patient had, for some months, suffered from aortic aneurism, which by pressure, caused the absorption of the upper part of the sternum and adjoining ribs, and projected anteriorly. The prisoner punctured it with his lancet, and a quantity of yellow fibrine escaped, followed by clotted blood, and finally by arterial blood. He tried to stop the bleeding by sewing up the wound and applying flour and cobwebs to it. The deceased, after lingering for a time, died from exhaustion. Notwithstanding the direct character of the evidence, the prisoner was acquitted.

The late Jonathan Phillips of Boston, among other bequests, made the following:

To the Mass. Medical Society,	$10,000
Mass. General Hospital, - -	10,000
Mass. Eye and Ear Infirmary,	5,000
Boston Dispensary, - -	5,000
Total, - - - - -	$30,000

Suburban Locations for Hospitals.—There is now considerable argument being presented in the great European Capitals in favor of the principal hospitals in healthy rural districts in the vicinities of cities. This plan implies the necessity of having central stations for the reception of patients, and sometimes for their temporary residence, until they can be removed to the general hospital by railway conveyance.

A New Work on Diseases of the Skin,—in the Norwegian language, is now being published. The authorship is by Dr. Boeck, the advocate of syphilization, and Dr. Danielssen, both of Christiana. It is to be illustrated with large colored plates.

A. M. Ross, Esq., the engineer who under Stephenson, superintended the erection of the Victoria Bridge across the St. Lawrence from Montreal, is, it is stated, an inmate of a hospital for the insane.

Will the Prince of Wales, who is this week inaugurating this magnificent work of art, visit the unfortunate engineer in his sore affliction?

Dr. Bradfoote Warwick, son of Colin Warwick, Esq., of Richmond Va., has entered the army of Garibaldi with a commission as Surgeon.

Army and Navy Intelligence.—Surgeon Whelan, Chief of the Bureau of Medicine and Surgery, has been ordered on a tour of inspection, and will visit the Naval Hospitals and sick quarters between Norfolk, Va., and Portsmouth, N. H.

To keep Pills from hardening.—The *Moniteur des Hopitaux* says, a small portion of quite pure glycerin, added to a pill mass, prevents it from hardening If the mass contains resins, a little alcohol must be added to the glycerine to prevent disaggregation.

Dr. H. D. Schmidt, of this city, late assistant Demonstrator of Anatomy in the University of Pennsylvania, has been appointed Demonstrator of Anatomy in the New Orleans School of Medicine. An excellent appointment.

At the Philadelphia Hospital last week, a woman was delivered of a living child at full term, which weighed but 3 lbs. 14 oz's.

Twelve hundred millions of human beings are estimated to dwell on our globe. If we assume each to consume on an average one pound and a half of solid food per day, we obtain the sum of 109,000,000,000. Assuming that one-half of this food is made up of bread and other cerealia, we get a consumption of 54,500,000,000 pounds of various kinds of flour, rice, etc., per annum; and assuming one-fifth to be made up of animal food of various kinds, we have 21,800 millions of pounds of meat, which, supposing it to be all beef would be equivalent to a herd of about seven to eight millions of oxen. Truly the struggle for life is enormous!

Croup and Tracheotomy.—In a memorial on croup, addressed by Dr. C. Barthez, Physician to the Hospital St. Eugenie, in Paris, to Dr. Rilliet, of Genf, and read before the Medical Society of that place, the author gives the following summary of 132 cases observed during the period from March 1854 to December 1858:

	Died.	Cured.	Total.	Proportion of cures.
Operated,	106	18	124	1:6 9
Not operated,	26	19	45	1:2.4
	132	37	169	1:4.5

In the statistics published by MM. Royer and Sée, the proportion of cures for those operated is 1:3.7, and for the whole number, 1:3.2.—*Jour. fuer Kinderk.*

Habits of Intoxication as Causing a Type of Disease.—Alcoholism is, according to the statistics of Charenton Hospital, a frequent cause of insanity,. Of three hundred and fifty cases admitted into Charenton in 1857 and 1858, one hundred and two were caused principally, if not solely, by the use of alcoholic drinks. The average duration of life, after the commencement of intemperate habits, is, according to one authority,

Among beer drinkers,	21.7 years.
" spirit "	16.7 "
Those who drink spirits and beer indiscriminately,	16.1 "

Consequently, the rate of mortality will be,

Among beer drinkers,	4.59 per cent. yearly.
" spirit "	5.99 " "
" mixed "	6.19 " "

In regard to the influence of the profession upon alcoholism, several interesting conclusions respecting the duration of life after the commencement of intemperate habits, are given. The average period, according to the same authority, is:

Among mechanics, working and laboring men,	18 years.
Among traders, dealers and merchants,	17 "
Among professional men and gentlemen,	15 "
Among females,	14 "

(*Jour. of Psycho. Med.—Am. Med. Chi. Rev.*)

True, O True!—In a criticism on a popular book on Dietetics of new-born and nursing children, by Dr. A. Wertheimber, (Journal fuer Kinderkrankheiten,) says:

The whole business of rearing and bringing up children, is here in unqualified hands, and is conducted by mothers, midwives and nurses according to an erroneous traditional method; few physicians pay attention to the subject, and with the carelessness and indifference with which the study of paediatrics is carried on, physicians even consider the physical education of children as below their dignity, and leave it to uneducated and unqualified persons.

On the part of the public authorities nothing is done in this matter; no fame, no glory, no recompense is awarded to the author and physician who devotes himself to this subject, while the discoverer of a few caudate cells, of a new cysticercus, of a new muscular fasciculus, is followed by the admiration of the world; and yet where is the greatest benefit to mankind?

The Journal fuer Kinderkrankheiten, in a notice of Jacobi and Nœggerath's contributions to midwifery, etc., expresses a surprise that there are neither in New York, Philadelphia, Boston or New Orleans, special hospitals for diseases of children. We will have them before long. Our transatlantic brethren must give us time. We are going ahead fast enough.

Pennsylvania Hospital.—Dr. Charles A. McCall, of Philadelphia, has been elected one of the Resident Physicians of this institution.

Chalybeate Cod Liver Oil.—Dr. Jeannel, in the *Repertoire de Pharmacie*, for June, 1860, gives a formula for a useful combination of oxide of iron with cod liver oil. It is as follows:

℞ Cod liver oil,	8 ounces.
Distilled water,	8 ounces.
Carbonate of soda (cryst.)	3 drachms.
Sulphate of iron (cryst.) 3 drachms,	2 scrup.

Dissolve the soda and iron salts separately in the water, mix and immediately add to the oil. The mixture is to be kept in an open, wide-mouth bottle, and repeatedly shaken for eight days, after which the oil is to be separated from the watery solution of sulphate of soda, and filtered; subsequently it should be kept from contact with the air. It contains about one per cent. of oxide of iron in solution. —*Louisville Med. News.*

Poisoning by Colchicum in a child three years old—Recovery.—By mistake, a little girl of three years was made to swallow a mixture containing vin. sem. colch. ℥ss. tinct. ipecac, and opii aa ℈ss. and 10 grains of ext. of aconite. The mistake was discovered half an hour after the medicine had been taken. Vomiting was immediately induced, and small doses of magnesia administered, with plenty of milk. The child had a restless night, suffered pain in the stomach next day, and continued to vomit the whole day and the second night. No diarrhœa whatever occurred. On the second she was well.

The opium contained in the mixture may have acted as an antidote.—*Journ. fuer Kinderkrankh.*

Dr. S. M. Bemiss, the able senior editor of the Louisville Monthly Medical News, has withdrawn from his post. The *News* is now entirely under the editorship of Dr. Benson.

The Change in the Administration of the Institutions for the Poor in New York, by the appointment of four commissioners by the city comptroller, instead of the election of ten governors, seems to be accompanied by the very best results. They have already reduced the expenses some 40 or 50 thousand dollars per annum, while at the same time improvements throughout are energetically taken in hand.

Bellevue Hospital, which averages at present about one thousand inmates, beside one hundred nurses and orderlies, of course comes in for a share of these improvements. The windows of the old building have been cut down to a level with the floors, thus affording increased ventilation and comfort to the patient. The rats have been exterminated. A recent rule requires every inmate to wear a hospital dress. Formerly, they retained the same dress they had on when admitted, and a rapid breed of vermin was the result. This is now avoided.

It is also contemplated to build a special hospital for the consumptives, on one of the islands, who are now in large numbers in Bellevue, with the double object of affording more room, and at the same time give the consumptive a better, purer air than they now have in the wards of a general hospital.

The preliminary works to build an addition to the Insane Asylum on Blackwell's Island, are already in progress.

Prevalent Diseases in Children.—From the annual report of the hospital for children at Munich, for 1858–9, we take the following statistics. There were treated 2,654 children; 1,085 were under one year; 589 from 1–3 years; 396 from 3–6 years and 584 between 6–12.

Deaths 168—relieved 96—not relieved 24, —the remainder discharged cured; remained under treatment 48.

The diseases were as follows:

Malformations and congenital diseases, 14; epidemic and endemic diseases, 427; from animal poisons, syphilis, 38; diseases from faulty composition of the blood 186; of the nervous system 89, circulatory system, 21, respiratory organs, 310, digestive organs, 869, urinary organs, 12, genital organs, 23, skin diseases, 266, surgical diseases, 211, sensual organs, 188.—*Jour. fuer Kinderk.*

Emphatic.—One of our medical cotemporaries makes the following emphatic appeal to its subscribers who are in arrears:

If you have not the money, send postage stamps, prairie chickens, old Bourbon, knit stockings, counterpanes, wolves' scalps, buffalo hides, sheep's pelts, coon skins, whale-leather, cast-off clothing—any thing but your "best wishes for our success," unsustained by evidence.

Answers to Correspondents.

Dr. F. A. W.—You are right in supposing that weekly medical journals are rapidly becoming the *feature* of medical journalism. There is no doubt about it. Our age is too progressive to be satisfied with monthlies, bi-monthlies or quarterlies alone; and though they will never be entirely supplanted by *Weeklies*, yet the latter will lead the van in medical matters.

In regard to your second question, we can only say that we are fully convinced of the truth of the position which we have taken in regard to the subject of medical education. Yet we should be very glad to give room to the other side of the question, *if there is any.*

Dr. J. R.—You ask, who is entitled to the fee, if you were called to attend a case of labor while the regularly engaged physician was out of town on an excursion? You, of course, unless the latter should have made special arrangements with you before he went. But you should, on his return, at once give the patient up to him. This is the rule of the Code.

Dr. A. B. T.—There is no reason why such a course should not be taken. Infringements upon the Code of Ethics should never be passed over slightly. Be careful, however, not to act hastily in the matter.

Communications Received.—*Alabama*, Dr. E. H. Scholl, [with encl. for Dr. Jno. W. Renton, of Ark.,] Dr. S. P. Smith—*Delaware*, Dr. G. W. Chayter—*Illinois*, Dr. M. Shepherd, [with encl.,] Mr. E. D. Gates—*Iowa*, Dr. Jno. Kerr, [with encl.]—*Kentucky*, Dr. D. Johnston—*Massachusetts*, Dr. C. E. Buckingham, (2,) Dr. Robert Watts—*New York*, Dr. R. T. Campbell, Dr. MacNichol, (3,) Dr. D. M. Reese, Mr. W. E. Chrpman—*North Carolina*, Dr. J. F. Shaffner, [with encl.,] Dr. H. M. Whitley—*Pennsylvania*, Dr. G. F. Mish, [with encl.,] Dr. P. S. Leisinring, Dr. E. Hopkins—*South Carolina*, Dr. E. W. Du Bose, Dr. J. J. Wilson—*Tennessee*, Dr. R. R. Dashiell, Dr. G. R. Scriven, Dr. S. C. Martin, Drs. Dashiell & Chester, [with encl.]

Office Payments—Dr. T. P. Dudley, (of Ky.,) Dr. J. A. Moore, (of Del.) By Mr. Swaim: Dr. W. Armstrong, (adv.,) Drs. T. G. Armstrong, J. McC. Crummell, W. W. Fouché, W. Jewell.

DEATHS.

Heywood—Dr. Benjamin Heywood died at Worcester, Mass., July 21st, aged 39 years. He graduated at Harvard in 1840, studied medicine, and took the degree of M. D. in the University of Pennsylvania in 1843. After practicing three years, he went to Paris to perfect himself in the theory and practice of surgery, returned to Worcester in 1847, and practiced there the remainder of his life. He was widely esteemed, and enjoyed a high reputation in his profession.

Bellinger—It becomes our unpleasant duty to chronicle the death of Dr. John Bellinger, which took place last night, after a protracted illness, at his residence in this city. Dr. Bellinger was one of the oldest and most successful of our physicians, having enjoyed a long and successful practice. To high professional attainments, he united every moral and social excellence. We have not had the mournful task of recording a demise in this city that will m et more general and sincere regret. Dr. Bellinger was in the fifty-sixth year of his age.—*Charleston Evening News.*

CLIFTON HALL.

UNDER this name a private Asylum for the reception and treatment of a limited number of the Insane of both sexes, has been recently constructed on the most approved plan for the comfort and recovery of the health of its inmates. CLIFTON HALL is situated in a beautiful part of the country, within a few miles of Philadelphia.

MANAGERS.

John Bell, M. D., Hon. Wm A. Porter, Hon. Wm. Strong, Joseph Carson, M. D., Samuel Henry Dickson, M. D., Herman Cope, Esq., Charles Kelly, Esq., Oborn Tevis, Esq., Francis Tete, Esq., Morton McMichael, Esq., Rev. Wm. P. Breed, Rev. John Jenkins, D. D.

For particulars, apply to the subscriber.

R. A. GIVEN, M. D.,
202—1y Clifton Hall, Kellysville, near Philadelphia.

PENNSYLVANIA COLLEGE.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

THE Rooms for Practical Anatomy will be opened on Monday, the third of September. Applications may be made to THEODORE A. DEMÉ, M. D., Demonstrator, No. 538 north Fourth street, or to M. A. Scott, Janitor, at the College Buildings. 202

DR. KINNE'S NEW TRUSS—cheap, clean, durable and comfortable. Invaluable, especially for infants, for its cleanliness, a wet sponge being sufficient always to clean it thoroughly. Need never be removed for bathing, as water will not injure it. One Truss will last a lifetime, and from the peculiar properties of the material of the pads, they are cooler, more comfortable, and altogether better than the ivory, hard rubber, or any other kind of pad.

Pamphlets, with full descriptions and illustrations, may be had gratis by applying to

KINNE & PHILLIPS,
202 182 Broadway, and 2 John Street.

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1860-61.

FACULTY.

T. L. BUCKINGHAM, D.D.S.
Professor of Chemistry and Metallurgy.

J. H. McQUILLEN, D.D.S.
Professor of Anatomy and Physiology.

WILLIAM CALVERT. D.D.S.
Professor of Mechanical Dentistry.

J. L. SUSSEROTT, D.D.S.
Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.
Professor of Dental Physiology and Operative Dentistry.

D. H. GOODWILLIE, D.D.S
Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S.
Demonstrator of Mechanical Dentistry.

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

For further information, address

W. CALVERT, Dean,
133 North Eleventh street,
197—ew13t Philadelphia.

A COURSE OF INSTRUCTION IN ANALYTICAL CHEMISTRY, therapeutical and practical, and with the especial view to the wants of the physician, will be commenced early in July. The course will close with the Analysis of Animal Fluids, Blood, Urine, &c.

Applications to be made at the laboratory of

J. M. MAISCH,
800 Arch Street.
Organic and Inorganic Analyses promptly attended to. 190

(CIRCULAR.)

The undersigned proposes to issue a yearly volume with the following title: *Year Book of American Contributions to Medical Science and Literature.*

It is designed that part *first*, of each volume, shall comprise an arranged and classified *summary* of, and index to, all the important and original papers found in the various *Medical Journals* of this country, for the year immediately preceding. Part *second* will comprise a *summary* of, and index to, all papers found in the published transactions of the National and the various State and County Medical Societies. Part *third* will embrace reviews of all medical books of American authorship, published during the year, with a *summary* of all the novelties in opinion or practice therein.

To the above plan and arrangement, such other additions shall be made as time and circumstances may suggest. The first volume will be issued early in the spring of 1861.

In the preparation of our *Summary of American Medical Journalism*, for the *A. M. Monthly*, we have solicited a copy of all Medical Journals published in this country;—The *American Journal of Medical Sciences*, the *N. O. Medical and Surgical Journal*, the *Ohio Medical and Surgical Journal*, and the *American Medical Times*, are the only ones that have failed to comply with the request. To facilitate our design, we request an *exchange* with *all American Medical Journals*, to be sent to our address as issued. All Medical Societies who publish their transactions, will, we trust, be kind enough to send their transactions to us. Publishers of medical books, particularly of American authorship, are earnestly requested to send, so soon as issued, *all books* of the character as above.

The importance of a work of the character as above, for the information of the profession, and for the honor and dignity of *American medicine*, will readily be conceded by all. We cannot prepare the work and publish at a pecuniary loss, and, hence, the object of this circular is to request that all physicians who would encourage the work and become subscribers to the same, would send us their names *at once*—payment to be made only on the publication of the work. The work shall contain from 500 to 1000 pages, be substantially bound, and furnished at the low price of *three dollars*. That we may know whether the work is to receive sufficient encouragement to justify its completion and publication, we request that subscribers' names may be sent in immediately. As a special favor and encouragement of this truly national enterprise, we would request that all Medical Journals of this country would copy our circular.

To Editors and Publishers we would say that it is designed that our *Year Book* shall commence its gleanings with the year 1860. Journal editors and book publishers will remember this, in sending their respective publications to our address.

All Books, Journals, published Transactions, and names of subscribers, should be directed to

O. C. GIBBS, M. D.,
Frewsburg, Chautauqua Co., N. Y.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

DR. McMUNN'S ELIXIR OF OPIUM.

This is the Pure and Essential Extract from the Native Drug.

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious, and useless principles, upon which its bad effects depend.

It possesses all the sedative, anodyne, and anti-spasmodic powers of Opium
To produce sleep and composure. To allay convulsions and spasmodic action.
To relieve pain and irritation, nervous excitement and morbid irritability of body and mind, &c.

And being purified from all the noxious and deleterious elements, its operation is attended by
No sickness of the stomach, no vomiting, no costiveness, no headache,
Nor any derangement of the constitution or general health.

Hence its high superiority over Laudanum, Paregoric, Black Drop, Denarcotized Laudanum, and every other opiate preparation.

In consequence of the exclusion of those deleterious principles from the Elixir of Opium, it is not liable to derange the functions of the system, and will be found invaluable for all cases in which the long-continued and liberal use of opiates is indicated and necessary to allay pain or spasmodic action, and induce sleep and composure, as in cases of fractures, burns, scalds, cancerous ulcers, and other painful affections.

THE ELIXIR OF OPIUM IS GREATLY SUPERIOR TO MORPHINE.

1. In its containing all the active medicinal virtues of Opium in native combination, and in being its full representative, while Morphine, being only one of its principles, cannot alone, and that in an artificial state of combination, too, produce all the characteristic effects of so triumphant a remedy, when several of its other valuable principles are excluded.
2. In all its effects, the Elixir is more characteristic, permanent and uniform, than any of the *artificial compounds* of Morphine.
3. And as a *Preparation*, it is not liable to decompose or deteriorate like the *Solutions* of Morphine, and thus is obviated a serious objection, which has prevented the latter from being used with precision and effect.

To speak summarily, the Elixir of Opium, as a remedy, may be adopted in all cases in which either Opium or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by their distressing and pernicious consequences.

The following letter from Dr. Reese fully confirms the above, and commends itself to the attention of the professsion and the public:

NEW YORK, *January* 11, 1859.

MESSRS. A. B. & D. SANDS: *Gentlemen*—I have been familiar with the history of the "Elixir of Opium" from the time it was first introduced to the profession by Dr. McMunn, and have continued to prescribe the same in public use and private practice since he disposed of his interest in it to you in 1841. Of its value, and the purity of the drug from which it is prepared, the best evidence is found in its wide-spread popularity and use among the profession in our own and other countries, and in all our civil and military hospitals, in which it has become a standard article. It is now prescribed by physicians and surgeons everywhere, when the positive medication of Opium is indicated without the drawbacks in certain pathological conditions involving the nervous system, by idiosyncracy or otherwise, which are inseparable from the ordinary spirituous or vinous tinctures, or the salts of Morphia. Its extended use has led to the introduction of spurious imitations, against which you have done well to guard the profession and the public. The fact that the pharmaceutical journals have so frequently proposed and announced "substitutes" for McMunn's Elixir of Opium, and published so many formulæ for its officinal imitation, is the very highest attestation to the merits of the article as prepared by you. Knowing as I do its merits, I most cordially express my desire that its remedial virtues may be more extensively known. Yours respectfully,

D. MEREDITH REESE, M. D., LL. D.,
Late Vice President of the American Medical Association; Resident Member of the New York Academy of Medicine; Editor of the American Medical Gazette, &c.

☞ NOTICE.—**A. B. & D. SANDS** having purchased of Dr. McMUNN all his right, title and interest in this article, and having been the sole Proprietors since 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers that no Elixir of Opium will hereafter be genuine unless having their signature on the outside wrapper; and all orders from the "Trade" must be addressed, as heretofore, to A. B. & D. SANDS, Wholesale Druggists, 141 William street, corner of Fulton, New York.

190—mfy SOLD ALSO BY DRUGGISTS GENERALLY.

Sept. 18, 1860.

TO

Physicians and Druggists.

THE UNDERSIGNED, HAVING PERFECTED HIS ARRANGEMENTS FOR EXTENDING THE MANUFACTURE OF THE VARIOUS

HYPOPHOSPHITES,

[AFTER THE ORIGINAL FORMULA OF DR. CHURCHILL]

Is now prepared to supply the Medical Profession, and Druggists, with his *chemically pure* and *reliable* Preparations of these SALTS, in all quantities, and at the shortest notice.

It must be obvious to every candid and thoughtful physician, that the importance of *pure remedies*, in the treatment of disease, cannot be overrated, or too strongly insisted upon; as, upon this *point*, absolutely depends their therapeutical value.

The professional, as well as non-professional person, who reads Dr. CHURCHILL'S TREATISE and the accompanying documents, with ordinary care, will at once perceive how essential it is that the HYPOPHOSPHITES should be perfectly free from excess of *lime, carbonates, phosphates, &c.*, the presence of which, *even in small quantities*, renders them "ENTIRELY UNFIT FOR MEDICAL USE."

In regard to my "Preparations," I need only refer to the uniform testimony of the Medical Profession in their favor, wherever they have been used. They are now considered THE STANDARD PREPARATIONS OF THE HYPOPHOSPHITES IN THE UNITED STATES.

WINCHESTER'S GENUINE PREPARATIONS.

Price List.---Terms Cash.

HYPOPHOSPHITES OF LIME AND SODA	(combined)	7-oz.	bottles,	$1 00
" " "	do	16-oz.	"	2 00
HYPOPHOSPHITE OF POTASSA		7-oz.	"	1 00
" MANGANESE		7-oz.	"	1 00
" QUININE		7-oz.	"	1 00

☞ Physicians and Druggists supplied by the dozen, or larger quantities, at the usual discount.

PURE SOLUTIONS OF THE SEPARATE SALTS.

For Physicians' Prescription Only.

HYPOPHOSPHITE OF LIME	6-oz.	ground stoppered	bottles,	$1 00
" SODA	6-oz.	"	"	1 00
" POTASSA	6-oz.	"	"	1 00
" MANGANESE	6-oz.	"	"	1 00
☞ Prices to the Trade, invariably, by the dozen				8 00

DRY SALTS.

HYPOPHOSPHITES OF LIME, SODA, AND POTASSA, each, per ounce, net		$0 50
" MANGANESE		0 50
" QUININE, in ¼-oz. bottles		1 50

N. B.—The use of *Hypophosphite of Iron*, in Consumption and Chlorosis, is considered to be contra-indicated, and I do not, therefore, prepare this salt. (See opinions of Dr. CHURCHILL and M. TROUSSEAU, in TREATISE.)

☞ Orders for my Preparations can be addressed to either of the Wholesale Drug Houses of New York; to my Wholesale Agents, or to

J. WINCHESTER,

At the Sole General Depot, 43 John street, N. Y.

DR. CHURCHILL'S TREATISE ON CONSUMPTION.

Second Edition---With a Copious Appendix,

IS NOW READY, containing the Report of Dr. Quain, of the Brompton Consumption Hospital, London, adverse to the use of the Hypophosphites, with an Analysis of the Report, by the Publisher: also, the Chemistry of the Hypophosphites: Reports of Cases, by Drs. Townsend, Walton, Benj. Weeks, Gibbs, and numerous others in America: Dr. Dickson, and others, of Great Britain—ALL sustaining Dr. CHURCHILL, and enthusiastically testifying to the INVARIABLE EFFICACY of his TREATMENT. Sent GRATIS to Physicians and Invalids. Address

J. WINCHESTER, Publisher, 43 John st. N. Y.

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Piils are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P. . . . $0 37½
Aloes et Assafœt: U. S. P. . 37½
Aloes et Ferri . . . 37½
{ Pulv: Aloes, Socot: ½ gr.
{ " Zingib: Jam: 1 gr.
{ Ferri Sulph: Exsic: 1 gr.
{ Ext: Conii ½ gr.
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
{ Pulv: Aloes Socot:
{ " Sapon: Hispan:
{ " Fruct: Colocynth:
{ " Gambogiæ
{ Oleum Anisi
Anti-bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . 37½
" Comp: (Plummer's) 3 grs. . 37½
{ Calomel
{ Oxysulph Antimony
{ Guaiacum Resin
Calomel et Opii . . . 37½
{ Calomel 2 grs.
{ Opium 1 gr.
Cathart: Comp: U. S. P. . . 37½
Cinchon: Sulph: 1½ grs. . . 50
Cook's, 3 grs. . . . 37½
{ Pulv: Aloes Soc: 1 gr.
{ " Rhei 1 gr.
{ Calomel ½ gr
{ Sapo Hispan: ½ gr.
Colocynthidis Comp: 3 grs. . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . . 37½
Copaibæ et Ext: Cubebæ . . 37½
{ Pil: Copaibæ, 3 grs,
{ Ext: Cubebæ 1 gr.
Copaibæ Comp: . . . 37½
{ Pil: Copaib:
{ Resin Guaiac:
{ Ferri Cit:
{ Ext: Cubeb:
Fel Bovinum, . . . 50
{ Inspisated Oxgall 2 gr.
{ Powd: Jamaica Ginger, 1 gr.
Ferri (Quevenne's) 1 gr. . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . 37½
Ferri Comp: U. S. P. . . 37½
Ferri Iodid: 1 gr. . . . 50
Ferri Lactat: 1 gr. . . . 37½
Ferri et Strychniæ . . . 62½
{ Strychniæ 1-60 gr.
{ Ferrum per Hydrogen (Quevenne's) 2 gr.

PIL: Ferri Valer: 1 gr. . . . 75
Ferri et Quin: Cit: 1 gr. . . 50
Ferri et Strychniæ Cit: 1 gr. . . 37½
{ Strychnia Cit: 1-50 gr.
{ Ferri Cit: 1 gr
Galbani Comp: U. S. P. . . 37½
Hooper (Female Pills) . . 37½
Hyd argyri, U. S. P. 3 grs. . 37½
Ipecac et Opii, 3⅓ grs. . . 37½
Pulv: Doveri, U. S. P.
Opiii, U. S. P. 1 gr. . . 37½
Opii et Camphoræ . . . 50
{ Pulv: Opii, 1 gr.
{ Camphoræ, 2 grs.
Opii et Plumbi Acet: . . 37½
{ Pulv: Opii, ½ gr.
{ Plumbi Acct: 1½ grs.
Quiniæ Sulph: 1 gr. . . . 75
Quiniæ Sulph: 2 grs. . . . 1 25
Quiniæ Comp: . . . 1 00
{ Quin: Sulph: 1 gr.
{ Ferrum per Hydrogen (Quevenne's) 1 gr.
{ Acid Arsenious 1 60 gr.
Quiuiæ et Ext: Belladon: . . 75
{ Quiniæ Sulph: 1 gr.
{ Ext: Belladon: ½ gr.
Rhei, U. S. P. . . . 37½
Rhei Comp: U. S. P. . . 37½
Scillæ Comp: U. S. P. . . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
{ Pulv: Aloe Scott:
{ Gum: Mastich:
{ Flor: Rosæ
Zinci Valerian: 1 gr. . . 75
GRANULES, Acid: Arsenious, 1 20 gr. . 25
" " 1-50 gr. . 25
Aconitia, 1-60 gr. . . . 50
Atropia, 1-60 gr. . . . 50
Corrosive Sublimate, 1-12 gr. . 25
Digitalin, 1-60 gr. . . . 50
Elaterium (Clutterbuck's) 1-10 gr. 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr. . 25
" Nux Vomica, ½ gr. . . 37½
Mercury Iodide, ¼ gr. . . 25
" Red, 1-16 gr. . . 25
Morphia Sulphate, 1-10 gr. . . 37½
" " 1-6 gr. . . 50
" Valerianate, ⅛ gr. . . 62½
Quinia Valerianate, ½ gr. . . 1 00
Silver Nitrate, ¼ gr. . . 37½
Strychnia, 1-20 gr. . . 37½
" 1-40 gr. . . 37½
Veratia Sulphate, 1-12 gr. . . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 180, 1y

J. M. MIGEOD,

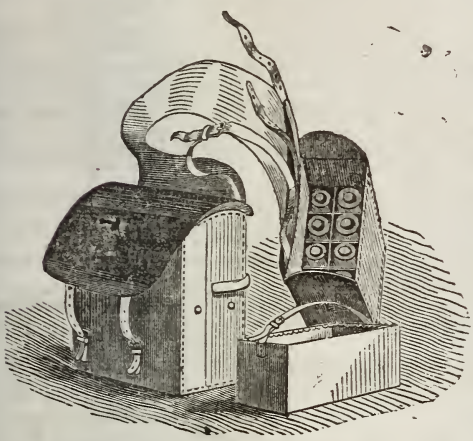
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12	1 oz.	Ground Stop.	Bottles and	
	12	1½ oz.	" "		$9 50
No. 2, containing	10	1 oz.	" "	and	
	10	1½ oz.	" "		8 50
No. 3, containing	8	1 oz.	" "	and	
	8	1½ oz.	" "		7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24	1 oz.	Ground Stop.	Bottles,	$10 50
No. 5, "	20	1 oz.	" "		9 50
No. 6, "	16	1 oz.	" "		8 50

Pattern with Drawers in Ends.

No. 7, containing	24	1 oz.	Ground Stop.	Bottles,	$10 50
No. 8, "	20	1 oz.	" "		9 50
No. 9, "	16	1 oz.	" "		8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27	1 oz.	Ground Stop.	Bottles,	
" "	18	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$19 00
No. 2, containing	21	1 oz.	Ground Stop.	Bottles,	
" "	14	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$15 50
No. 3, containing	18	1 oz.	Ground Stop.	Bottle	
" "	10	½ oz.	" "	and	
" "	4	Pots,	" "		$12 00
No. 4, containing	20	1½ oz.	Ground Stop.	Bottles and	
" "	2	Pots,	" "		$8 50
No. 5, containing	15	1 oz.	Ground Stop.	Bottles,	$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9	1½ oz.	Ground Stop.	Bottles,	
" "	18	1 oz.	" "		
" "	18	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$20 00
No. 2, containing	7	1 1½ oz.	Ground Stop.	Bottles,	
" "	14	1 oz.	" "		
" "	14	½ or.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$16 50
No. 3, containing	14	1 oz.	Ground Stop.	Bottles,	
" "	14	1½ oz.	" "	and	
" 4	4	Pots,	" "		$13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

DENTAL INSTRUMENTS—TEETH.

JOHN KLINE,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, FINDINGS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 188

COLLEGE OF PHYSICIANS AND SURGEONS,

CORNER 23D STREET AND FOURTH AVENUE,

NEW YORK.

FIFTY-FOURTH SESSION 1860–'61

EDWARD DELAFIELD, M. D., President of the College, and Professor Emeritus of Obstetrics.

ALEXANDER H. STEVENS, M. D., LL.D, Professor Emeritus of Clinical Surgery.

JOHN TORREY, M. D, LL.D., Professor Emeritus of Chemistry and Botany.

JOSEPH MATHER SMITH, M. D., Professor of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.

ALONZO CLARK, M. D., Professor of Pathology and Practical Medicine.

JOHN C. DALTON, JR., M. D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Professor of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOTT, M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy and Curator of the College Museum.

The Fall Course will commence on Monday, 24th September, and continue until 22d October.

This course is *free* to the Matriculated Students of the College.

The Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures, $105. Graduation Fee, $25. Demonstrator's Fee, $5. Matriculation Fee, $5.

JOHN C. DALTON, JR., M. D.,
Secretary of the Faculty.

192—3m.

NEW YORK MEDICAL COLLEGE,

No. 90 East 13th street, near Fourth Avenue.

ELEVENTH SESSION, 1860–61.

FACULTY.

Robert Ogden Doremus, M. D., Professor of Chemistry.

John Murray Carnochan, M. D., Professor of Clinical and Operative Surgery.

D. Meredith Reese, M. D., L.L. D., Professor of the Theory and Practice of Medicine and Medical Jurisprudence.

B. I. Raphael, M. D., Professor of the Principles and Practice of Surgery and Surgical Pathology.

A. K. Gardner, M. D., Professor of Clinical Midwifery and Diseases of Women.

Jno. O. Bronson, M. D., Professor of Anatomy.

Chas. A. Budd, M. D., Professor of Theory and Practice of Midwifery.

A. Jacobi, M. D., Professor of Infantile Pathology and Therapeutics.

B. L. Budd, M. D., Professor of Toxicology.

*** The Chairs of Physiology and Materia Medica are vacant, but will be filled in time for the opening of the Session.

Fowler Prentice, M. D., Demonstrator of Anatomy.

Thos. A. Whitney, Assistant Demonstrator.

James H. Brush, M. D., Prosector to the Professor of Surgery.

Simeon Abrahams, M. D., Assistant to the Professor of Surgery.

The Preliminary Course by the Faculty will open on Monday, September 17th, with daily lectures and cliniques, and be free to all matriculants.

The Regular Session for 1860–61 will commence on Monday, October 15th, and continue until the middle of March, with four lectures on each day, in addition to daily cliniques on Medicine, Surgery and Obstetrics, conducted by the Faculty.

Demonstrative and Practical Teaching will be a distinctive feature in this School, especially in *Chemical Analyses, Operative Surgery*, and *Practical Anatomy*.

FEES.

For a full Course of Lectures, $105; Matriculation, $5; Demonstrator's fee, $5; For final examination for a degree, $30.

Good boarding may be had in the vicinity of the College, at from $3 to $4 per week.

Further information may be obtained by addressing the undersigned, No. 70 Union Place, New York.

R. O. DOREMUS, M. D.,
202 Dean of the Faculty.

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1860-'61.

FACULTY.

B. HOWARD RAND, M. D., Professor of Chemistry.
HENRY HARTSHORNE, M. D., " Practice of Medicine.
LEWIS D. HARLOW, M. D., " Obstetrics, &c.
WILLIAM S. HALSEY, M. D., " Surgery.
WM. HEMBEL TAGGART. M. D., " Materia Medica.
JAMES AITKEN MEIGS, M. D., " Institutes of Medicine.
WM. H. GOBRECHT, M. D, " Anatomy.
THEODORE A. DEMMÉ, M. D., Demonstrator of Anatomy.

The session of 1860–'61 will commence on Monday, 8th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

The Rooms for Practical Anatomy will be open early in September.

A Medical, Surgical, and Obsterical Clinic, is held at the College every Wednesday and Saturday.

Each second course Student is furnished with a ticket to the Pennsylvania or Philadelphia Hospital, *free of charge.*

Examinations are conducted daily by each Professor in his Department.

☞ Instead of the usual Introductory Lectures there will be but *one general Introductory;* after which the regular Lectures of the course will commence *without delay.*

FEES.

Matriculation, (paid once only,) - - -	$5 00
For each Professor's Ticket, - - - -	15 00
Graduation, - - - - - - -	30 00

LEWIS D. HARLOW, M. D., *Dean,*
199—eowt01 *No.* 1023 *Vine, below 11th Street.*

DAILY WINTER EXAMINATIONS

IN CONNECTION WITH THE LECTURES

Delivered in the Jefferson Medical College

BY

D. D. RICHARDSON, M. D.,

Senior Resident Physician to Philadelphia Hospital, Blockley, and Demonstrator of Anatomy in Philadelphia School of Anatomy, and

JNO. W. LODGE, M. D.,

Formerly Resident Surgeon to Philadelphia Hospital, Blockley.

The Course of Instruction will embrace a full series of Examinations, which will be held each day at 9 A. M. and 3 P. M.

On the first of January the Review Examinations will be commenced, and continued during the lectures, thereby bringing the whole course delivered in *Jefferson Medical College* several times before the class, prior to their final examination by the Professors.

ORDER OF EXAMINATION.

Chemistry, Materia Medica, Obstetrics, } DR. RICHARDSON.

Physiology, Practice of Medicine, } DR. LODGE,

By arrangement, our Class will be admitted to Dr. Agnew's Examinations on Anatomy and Surgery.

Especial attention will be given to preparing students for the Medical Staff of the Army and Navy.

No effort will be spared in contributing to the thorough preparation pnd advancement of our class.

Dr. Richardson being Demonstrator of Anatomy at Dr. Agnew's, will enable him to assist the Class in their anatomical studies.

For further information, address

J. W. LODGE, M. D.,
123 South Seventh Street, Philadelphia, Pa.
198—ew Fee for the whole Course, $30.

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 203. } PHILADELPHIA, SEPTEMBER 8, 1860. { NEW SERIES VOL. IV. NO. 23.

ORIGINAL DEPARTMENT.

Lectures.

Clinical Lectures on Diabetes Mellitus.

Delivered at Pennsylvania Hospital, September 1st, 1860, by J. F. Meigs, M. D., *one of the Physicians.*

(Reported for the Medical and Surgical Reporter.)

Gentlemen:—We have at present in the hospital several cases of diabetes mellitus; a disease also known as *mellituria, glucosuria, glucohæmia.*

It is an apyretic disease characterized by the presence, in the urine, of a more or less considerable quantity of fecula sugar, and which is accompanied by acute thirst, increased appetite, and loss of strength and flesh. It must not be confounded with diabetes insipidus, or hydruria, polyuria, or polyuresis.

Pathological Anatomy.—In reference to the pathological anatomy of this disease, no special anatomical lesion, peculiar to the disease has as yet been discovered. The kidneys, which were long thought to be the seat of the disease, present no characteristic lesion in persons who have died from it. It is true, that changes have been sometimes observed in these organs, such as calculi, hydatids, atrophy, but not as a rule; and it must be borne in mind that these lesions much more frequently exist unaccompanied by diabetes. The most frequent anatomical alteration, and which may be connected with the disease, is a hypertrophy found, when present, usually in both organs; the renal tissue is generally observed to be more vascular than natural. This is explained by the unusual functional activity of the organs. This is also generally found in cases of simple hydruria, and not, according to Bernard, in diabetes, when the patients have not been diabetic. It is hence to be considered more as a lesion of the polyuria, accompanying the diabetes, than of the latter itself.

In most fatal cases we find severe lesions of the lungs,—pneumonia or tubercle in different stages. The other alterations found in different organs are only those met with generally in cases of chronic disease.

The blood offers nothing unusual, except the presence of a large quantity of sugar, when examined *early*. When examined at a later period this has often disappeared.

All the organs, all the tissues of the body are found impregnated with sugar. This is said, however, by Bernard, to depend on infiltration from the blood after death.

Symptoms.—In its onset the disease is obscure. The patients complain at first of *malaise*, loss of flesh, of strength, and disorders of the digestive functions. An especial symptom is a troublesome dryness of the mouth and throat, with viscid saliva. Afterwards the patient begins to notice an increase in his urinary secretion, and he suffers usually from constipated bowels, and a dry, harsh skin. There is dull pain or weakness in the back, and often the patient is subject to chilliness.

From 20 to 30, and even 40 pints of urine are passed in 24 hours. The urine is changed in its characters; it is paler than usual, sometimes almost colorless, or fade like whey; it emits scarcely any ammoniacal odor, even after standing for hours, and is of sweetish taste. Its reaction is almost always acid; its specific gravity increased from 10.20 to 10.74; 10.40

being probably about the average. It readily undergoes the alcoholic fermentation.

The sugar thus found in the urine, the various tests for the detection of which we have considered in a previous lecture, is said by Grisolle to be the glucose or sugar of starch. Professor Dalton, of New York, however, says that the liver sugar resembles, very closely, glucose or the sugar of starch, the sugar of honey, and the sugar of milk, but is not absolutely identical with either of them. If patients take even a great deal of cane sugar, their urine contains only liver-sugar or glucose. Therefore, the cane-sugar has undergone a transformation, which Bernard supposes to take place in the liver. As to the quantity of sugar present in diabetic urine, Bouchardat has found it to be very variable, forming from one-seventh to one-thirtieth of the weight of the urine.

Diabetic urine contains uric acid and urea, which was at one time denied. Exceptionally it also contains hippuric acid and albumen.

The symptoms, presented by the digestive apparatus, as the disease progresses, are remarkable. The appetite is irregular, sometimes very great, even voracious. The patients often crave sugar, bread, and other feculent food. The thirst is remarkable, generally very great, and it is one of the first symptoms, which attracts the attention of the patient and physician.

Most patients, however great their appetite, digest with ease their food, while others, especially in advanced stages of the disease, have acid eructations with slow and difficult digestion, constipation and diarrhœa, and sometimes vomitings.

At the same time the pulse is not frequent; the skin not hot, but dry, and the perspiration almost null.

The respiration is free, unless there is some complication, involving the organs of respiration.

The strength and embonpoint of the patient gradually diminish, showing the failure of his nutritive functions; he falls into a condition of listlessness and debility, his sight fails, and he may become amaurotic or suffer with cataract. The occurrence of cataract in diabetes is a subject of great interest. We owe to Dr. S. W. Mitchell, of this city, the discovery of a peculiar endosmotic and exosmotic action of saccharine solutions upon the living animal tissues. Experimenting on frogs he found that when solutions of sugar were injected under the skin, the animals very soon become affected with cataract. It is now well known that diabetic patients at an advanced period of the disease sometimes become cataractous.

The course of the disease is generally more or less continuous, and usually slow, though rapid cases, terminating in as short a time as two months have been recorded. The common rule, however, is that the disease lasts through one or more years.

Complications. It is seldom that the patient is carried off by the gradual progress of the disease, but generally by some intercurrent disease, as pneumonia. Some die at an advanced period, suddenly, in a few hours even, with symptoms of congestion, serous apoplexy, etc. In most cases, sooner or later, pulmonary tubercles are developed, and, a curious fact, in many, as the tubercular symptoms appear, is that the sugar in the urine diminishes or disappears entirely.

Termination: It has been denied that any ever recover. Grisolle says he knows a physician whose recovery dates from 20 years back, after the continuous use of quinine.

In reference to the *Diagnosis*, we have dwelled upon that fully at a previous clinic. You will remember the four tests for the detection of sugar in the urine, that with liquor potassæ, sulphate of copper, or Trommer's test, and that with the subnitrate of bismuth; finally, the fermentation test.

The *Causes* of the disease are almost unknown. The disease is rare in infancy and old age, occurring most commonly at thirty or forty, and perhaps, still more so between forty or fifty. It is more frequent among men than women. The influence of climate upon the disease is not established. It is said to be most common, however, in England and Holland. Dr. Camplin remarks: "I am dis-

posed to believe that the frequency of diabetes in the latter country, (Belgium and France,) may be partly attributed to the poor acid wines which are the general beverage." The effects of hereditary influence have not yet been shown.

Among the principal predisposing and exciting causes that have been mentioned, are the action of cold, dampness, depressing passions, venereal or alcoholic excesses, and especially insufficient nourishment, composed of feculent and amylaceous food and fermented drinks. But these causes,—so called, are more or less doubtful. Camplin, a recent English author, who has published a very interesting little treatise on the subject, says that in his own case two causes had long been at work; the wear and tear of a laborious profession, and a diet in which fruits, rice, etc., had too large a share; and the disease which had no doubt been creeping on unobserved for some time, was brought to its acme by eating freely of apples, which the unnatural thirst rendered peculiarly grateful, and at the same time undergoing unusual fatigue; for in the month of November "during one night passed in watching a somewhat anxious case, the urine became very great in quantity, as well as abnormal in appearance. The nature of the complaint was too obvious—my pallid cheeks and sunken countenance, then, and for a long time afterward, will not soon be forgotten by myself or my friends."

The *nature of diabetes* is a question of much interest. It was Willis who first discovered sugar in the urine in 1684.

Cullen thought it was due to an *aberration of the assimilative forces;* an explanation sufficiently general to include probably the true nature of the disease, yet giving us no definite idea of its true nature.

Rollo thought that the primary seat of the disease was in the digestive organs.

Some have thought that there existed some peculiar state of the organism which occasioned a transformation of urea into sugar. This view, however, is now almost entirely abandoned since it is known that the urea and uric acid in diabetic urine, if at all diminished, such diminution bears no direct relation to the amount of sugar found in the urine. *Simon*, in his animal Chemistry, says that the apparent connection between the urea and the sugar may be simply explained by the mere increase of sugar, which by increasing the solid residue, causes a relative diminution of the urea.

Macgregor detected sugar in the substances ejected from the stomach by vomiting, and in the blood of diabetic patients in 1837. From these facts it was supposed that the fault lay in the digestive organs—that instead of perfect and nutritive chyle, saccharine matter was formed by the stomach and entered the circulation unaltered. In healthy digestion it was supposed that all amylaceous food is first converted into glucose which then undergoes further changes. In diabetes these further changes were thought to be somehow prevented. The food which should be transmuted says Watson, as was supposed, into muscle, and fat and bone, was hurried out of the system into the urine.

Bouchardat thought that the feculent aliments alone were transformed into sugar, and that the agent of this transformation was a principle existing in the economy of diabetic patients, which exerts an action upon starch, similar to that of diastase,—that it was an action of catalysis.

M. Mialhe showed that diastase exists normally in the saliva, and since then Bouchardat and Sandras have shown that the same substance exists in the pancreatic secretion. But supposing that starchy food is converted into sugar by the diastase of the saliva and pancreatic juice, why does not the sugar escape by the kidney as well in the healthy as in the diabetic? M. Mialhe supposes that in the diabetic, the blood instead of being alkaline, as in health, becomes neutral or slightly acid. Now it is known that for sugar to display its deoxydizing power (as in Trommer's test) an alkali must be present. So in the healthy invidual, the natural alkalinity of the blood suffices for the transformation of the saccharine matter, which here must play an important part in the function of nutrition. But in the diabetic, the blood being neutral or acid, the

transformation of the glucose into deoxydizing material cannot take place;—the sugar becomes a foreign body, and as such is rejected by the kidneys.

Now what is the cause which renders the blood in diabetes acid or not sufficiently neutral? Both Bouchardat and Mialhe, suppose that the suppression of the perspiration is the cause. The acid (lactic, etc.,) which ought to escape in the perspiration is supposed to be retained in the blood, and to render it neutral or acid.

But although it is a well known fact that in diabetes the skin is peculiarly inactive and dry, and that warm clothing, even buckskin shirts, as I have known one patient to wear, is an important adjunct to the treatment of the disease, yet there are many objections to this theory, which time does not permit us to dwell upon as fully as might be desirable.

I shall pass next to the beautiful discovery of the glycogenic function of the liver, by M. Claude Bernard, made in 1848.

You will find a very clear and graphic account of this matter in Dalton's Physiology, published in this city in 1859. The following account of Bernard's opinions is taken chiefly from Dalton's work.—Bernard's discovery is this: that the liver, besides the secretion of bile, has another very important function, the production of sugar, by a metamorphosis of some of its organic constituents.

Under ordinary circumstances, says Dalton, a considerable amount of saccharine matter is introduced with the food, or produced from starchy substances by the digestive process in the intestinal canal. In man and the herbivorous animals, an abundant supply of sugar is derived from these sources, and this is necessary for the proper support of the vital functions. The saccharine matter absorbed from the intestines, is destroyed by decomposition soon after entering the circulation, but these very chemical changes are necessary for the proper constitution of the blood, and the healthy nutrition of the tissues. Experiment shows, moreover, that the system does not depend entirely for its supplies of sugar, upon external sources, but that it is produced independently in the tissue of the liver, whatever may be the nature of the food upon which the animal subsists.

Thus, the milk of carniverous animals contains sugar, and in the human subject, when affected with diabetes, the sugar often appears altogether out of proportion to that which could be accounted for by the vegetable substances taken in as food. Bernard has shown that in these instances most of the sugar has an internal origin, and that it makes its first appearance in the liver.

The sugar found in the liver after death, is a normal ingredient of the liver, not necessarily absorbed from the intestinal canal, but produced as a new formation, by a secreting process in the tissue of the organ.

The liver sugar, which has also been called hepatine, very closely resembles glucose, or the sugar of starch, the sugar of honey, and the sugar of milk, but not absolutely identical with either. It is distinguished from all others, says Bernard, by the readiness with which it is decomposed in the blood. Cane sugar and beet sugar, if injected into the circulation of a living animal, are discharged, unchanged, with the urine; sugar of milk and glucose, if injected in moderate quantity, are decomposed in the blood, while if introduced in larger quantity, they also make their appearance in the urine; but a solution of liver sugar, though injected in much larger quantity than either of the others, may disappear altogether in the circulation, without appearing in the urine.

The formation of sugar in the liver, is a function composed of two distinct and successive processes:—first, the formation in the hepatic tissue of a glycogenic matter, having some resemblance to dextrine, or hydrated starch; and secondly, the conversion of this glycogenic matter into sugar, by a process of catalysis and transformation.

The sacharine matter is said not to be found in the blood of the portal vein, in health, but in that of the hepatic vein, vena cava ascendens and the right side of the heart.

Under ordinary circumstances the sugar absorbed by the blood from the liver, disap-

pears very soon after entering the circulation. Probably, according to Lehman and Robin, it is first converted into lactic acid, which decomposes in turn the alkaline carbonates, setting free carbonic acid and forming lactates of soda and potass. Certain, at any rate, that usually, while sugar is abundant in the liver and in the right side of the heart, it is not generally found in the blood of the pulmonary veins nor in that of the general circulation.

However, about 2½ or 3 hours after the ingestion of food, the portal circulation is considerably accelerated and then a portion of the sugar escapes decomposition in the lungs and begins to appear in the arterial system. Soon afterwards it appears in the blood of the capillaries and in from 4 to 6 hours after the beginning of digestion, it is produced so much more rapidly than it is destroyed, that the surplus quantity circulates throughout the body, and the blood everywhere has a slightly saccharine character. It does not, however, in the healthy condition, make its appearance in any of the secretions.

After the sixth hour, it is produced less rapidly and it gradually disappears, as an ingredient of the blood.

Bernard has shown experimentally that the glycogenic function of the liver is increased by irritating the eighth pair of nerves at their origin in the fourth ventricle, and thus may diabetes be produced. Complete section of these nerves, however, destroys its formation completely. Bennett has seen this done by Bernard, and has repeated the experiments himself.

That sugar does not exist normally in the urine and in blood drawn from the arm is explained by its rapid decomposition in a state of health, and its excretion, or rather decomposition by the lungs. But when so increased that the lungs cannot excrete or decompose the whole of it, or when the lungs, from some cause are incapable of disposing of the normal quantity carried to them from the liver, then it passes off by the kidneys, and hence diabetes.

Bernard has also ascertained that although section of the pneumogastric nerves destroys the formation of sugar in the liver, it is restored by artificially irritating their cut extremities; and that diabetes is thus produced exactly in the same manner as by irritating their origins in the brain. He therefore concludes that the nervous action necessary for the secretion of sugar does not originate in the brain, to be transmitted directly along the pneumogastrics, but indirectly and by reflex action; the *vagi* being incident nerves, the medulla oblongata the centre, and the spinal cord, communicating with the solar ganglion the excident channel. Following out this theory, he found that whenever the respiratory function is violently stimulated sugar appears in the urine; and that whenever ether or chloroform is given a temporary diabetes is produced. He further supposes that in the same way the lungs thus act by reflex influence upon the liver; so increased action of the liver acts upon the kidney; consequently that the sugar produced in excess by one organ, and its natural elimination or decomposition interfered with in the other, it is excreted by the third.

To conclude, it would appear that the occurrence of sugar in the circulation generally, and its presence in the urine, is probably dependent, not so much upon excess of hepatine, as upon diminution of pulmonary action. It is certain, says Bennett, that the great majority of diabetic patients die phthisical.

Bernard's researches show why Rollin's treatment (exclusive animal diet,) diminishes the excretion of sugar, by cutting off all that enters the blood through the alimentary canal.

Bennett says, that at the commencement of the disease, the sugar is principally derived from the food, in the latter stages from the organism. He suggests whether the well known dryness of the skin may not have something to do with the cause of the disorder (as Bouchardat and Mialhe assert), and whether diaphoretics might not be useful. He asks also, whether exercise and a cold atmosphere which increase the oxygenating power of the lungs, might be of any avail.

(To be Continued.)

Communications.

Elytrorrhaphy;—Four Operations to Narrow the Vagina by Partial Excision of its Walls, and Application of the Silver Suture in Cases of Severe Procidentia Uteri, with Eversion of the Vagina.

By G. GRANT, M. D.,
Of Newark, N. J.

Case 1st.—W. F., German, æt. 52, came under my observation in the early part of August, 1859. She stated that she had had nine children, always difficult labor; thrice twins, "which were grown together;" none living. The last three children were still-born. Her labors usually lasted over two days. It is now twelve years since her last labor, which lasted two days and a half. When she got out of bed on that occasion, two weeks after confinement, she felt, as she expressed it, something "come down."

The physician then attending her gave her a glass pessary, which was worn for six years, keeping the womb in its place, except when she was doing hard work. In April, 1859, she was in a hospital in New York for three weeks.

During the last six months the womb has been down all the time. She had been married to her second husband several weeks before she came under my care.

On examination, it was found that the whole body of the uterus was completely prolapsed It could be returned without difficulty, but would immediately prolapse again, even on lying down. There were some ulcerations at the neck of the organ.

Nitrate of silver was applied, tonics prescribed, and rest directed.

An operation was decided upon and performed on Aug. 29th, 1859, assisted by Drs. L. G. Thomas, I. A. Nichols, and G. S. Ward. I operated according to Marshall Hall's method, modified by Ireland.

Placing the patient upon her left side, chloroform administered, two incisions were made along the length of the vagina, nearly parallel, but converging at their extremities—with a view of avoiding, as much as possible, the danger of perforating the walls of the bladder and rectum—from the neck of the womb to its entrance, through the mucous membrane, which was separated so that an interspace of 2½ inches was laid bare between the incisions. Five silver sutures were placed through both edges of the wound at equal distances from each other. The womb was then returned, and the sutures twisted firmly together by means of an instrument made for that purpose. There was considerable hemorrhage during the operation, which was necessarily very tedious; a small artery was cut, which was secured by the saphine. An enema of tannin and laudanum was administered.

Sept. 9th, 1859.—Everything has progressed apparently well to this time. To-day, however, I found the patient in partial hysterical insanity, laughing, etc., and the wound about half prolapsed out of the vulva. Found, upon inquiry, that for the last eleven days she had been up very frequently, had a quarrel with her husband, who kicked her out of bed; had stood at the wash-tub, and carried her own wash-water from a well in the garden.

Sept. 14th, 1859.—The patient having been removed to better quarters, (she had been living in an unhealthy basement,) and placed under strict surveillance, assisted by Drs. L. G. Thomas, I. A. Nichols, Cross and Woodhull, I operated a second time upon the opposite side of the womb, in the same manner, making the cut surfaces somewhat larger than in the former operation. Five silver sutures were introduced as before, the edges of the wound approximated, and the same injection used. Then, as before, there was considerable loss of blood, but there was no hemorrhage at the close of the operation. The patient was placed in bed, with the strictest injunctions to preserve absolute rest. But about an hour after we had left her, Dr. Thomas, who resided in her neighborhood, was sent for in great haste. He found the patient in a paroxysm of hysterical delirium. She had arisen and attempted to go down stairs, when severe hemorrhage set in and she was almost pulseless from the loss of blood. A dose of morphia was given, and the patient placed in a recumbent position, when the hemorrhage soon ceased.

Sept. 21, 1859.—The patient doing well; has made but one attempt to rise. Hysteria, due probably to the irritation of the womb.

October, 1859.—The patient, whom it was impossible to keep in bed, goes about, following her work as before. The uterus, however, has not yet descended; but to give adequate support to the organ, a pessary was introduced and secured by a T bandage. There has been no trouble with the bowels or bladder. The ligatures in both operations were removed in ten days, and the union on both occasions was found to be complete, and to have taken place by first intention.

January, 1860.—I have not seen the patient myself lately, but have been informed reliably that the uterus has not descended. This case was one of difficulty and vexation. It is remarkable that the operation succeeded as well as it did, under the carelessness, neglect and abuse to which she was subjected.

(*To be continued.*)

Case of Wound of the Ascending Colon by a Ball from a Pistol; Complete Recovery.

By T. F. Clardy, M. D.,

Of Blandville, Ky.

On the evening of March 16th I was called to see W. B. B., who had just received a frightful injury of the ascending colon by a ball from a pistol, which entered the abdominal muscles about half way between the umbilicus and anterior superior spinous process of the right ilium, passing through the upper part of the colon, the patient being in the horizontal position. The ball lodged, as was supposed, in the fossa of the right ilium, but could not be extracted.

March 26th.—The patient rested badly during the night, suffering violent pains through the bowels. An anodyne of morphiæ sulph. was given, with warm fomentations to the abdomen.

March 27th.—Patient still suffers much pain. Gave him an enema, and put him upon veratrum viride gtt. v, every four hours, the pulse being 110; fomentations continued, ½ gr. morphia at night.

March 30th.—Patient rests much better, pulse 80; discontinue veratrum. Bowels tympanitic. Patient discharges fecal matter through the wound. Fomentations continued.

April 1st.—Patient rests tolerably well, pulse about 80, bowels have not been moved since 28th of March, except by wound, which continues as above. Diet farinaceous.

April 5th.—Patient continues pretty much as above, rests tolerably well at night with anodynes.

April 12th.—Pulse varies between 80 and 90. Gave an enema, and moved his bowels for first time since 28th March. Still discharges fecal matter from the wound; ½ gr. morphia each night, fomentations continued, which affords much relief to suffering.

April 15th.—Patient much worse, pulse 120, bowels tympanitic, very painful. Gave 1½ gr. morphia, resumed the veratrum every six hours, continued fomentations.

April 17th.—Rests better. Pulse 100; abdomen less tympanitic and painful, less discharge from wound; bowels moved once daily. Continue tinct. veratrum gtt. iii. every four hours, morphia at night, fomentations continued.

April 25th.—Patient rests well, pulse about natural, bowels less tympanitic. Discharge from wound has ceased, the wound having been brought together by adhesive strips. Continue morphia at night, with fomentations. Diet farinaceous.

April 30th.—Patient still doing well, external wound healing rapidly, pulse natural, all treatment suspended except adhesive strips, and fomentations.

May 2d.—Patient feels quite well, sits up, and walks about the room.

May 10th.—Patient entirely well, going about.

It is a little remarkable that the patient recovered, and that without an artificial anus, after a discharge of the contents of the bowels through the wound for about twelve days; there must have been adhesions between the peritoneal covering of the colon and that reflected over the muscles of the abdomen. Up to date of this report the patient is well, and actively engaged in the duties of his farm.

Illustrations of Hospital Practice.

EPISCOPAL HOSPITAL.

Service of Dr. Kenderdine

[Reported by Henry R. Tilton, M. D., Resident Physician.]

Cases of Hydrocele: Double Hydrocele, Chronic Orchitis, Radical, cure—Hydrocele, Iron-wire Seton, Cure—Fungus Hæmatodes of Ankle, Amputation, Recovery, Probable return of the Disease—Mania.a-potu, Strangulated Hernia, operation, Death, Autopsy—Rupture of the Bladder from a Kick, Death, Autopsy.

Double Hpdrocele—Chronic Orchitis—Radical Cure.—B. H., aged 53, a native, but had past most of his life in Cuba, was admitted into the hospital, by permission of Dr. Hunt. He had a hydrocele distending both cavities of the scrotum, almost the size of a large nine pin ball, entirely hiding the penis. It was so tense that it felt like a solid tumor, and did not fluctuate on percussion. Transmitted light revealed its character, the left testicle was much enlarged and could be easily felt, the right one natural in size but pushed far up. The left cavity was tapped and when emptied the trocar was carried through the septum, emptying the right side. As it was thought the hydrocele might depend upon the orchitis, the shrivelled bag was supported on a cushion and wet with a lotion, composed of two drachms of muriate of ammonia and four fluid ounces each of alcohol and water. The patient was purged and took five grains of iodide of potassium thrice daily. In a few days when the scrotum had retracted, the enlarged testicle was strapped, and the straps reapplied every twenty-four hours, which caused it to diminish rapidly. As it was soon evident that fluid was again accumulating, he was not discharged; when the sac was sufficiently distended, it was tapped and half an ounce of tincture of iodide with ten grains of iodide of potassium was injected and allowed to remain. In forty-eight hours the sac was as large as when the patient was admitted; it was wet with the muriate of ammonia mixture, and Rochelle salts given internally. The swelling soon began to subside, and in three weeks was gone.

Hydrocele—Iron wire Seton—Cure.—J. S , an out patient was admitted for a small hydrocele on the left side, had been tapped before; he was again tapped, and an eye probe carried into the cavity, armed with four strands of fine iron wire and brought through an opening made by a bistoury one and a half inches higher up, the opposite ends were united by twisting. The seton gave rise to so much irritation, that three of the threads were withdrawn the same evening, and morphia given to quiet him. Very little irritation was caused by the remaining wire, it was removed at the end of four days. There was not so much secondary effusion as generally follows the iodine injection. The cure was rapid; he left the house in four weeks.

Fungus Hæmatodes of Ankle—Amputation—Recovery—Probable return of the disease.—S. H., aged 30, was admitted into the hospital, by permission of Dr. Drayton, for a fungus mass involving most of the foot and leg as far as the junction of the middle and lower third, though the chief disease was at the external malleolus. The diseased portion was four inches in diameter at its base, of a dark purple color rising from an inflamed surface, with the fungus sprouting from the apex. The upper part was sloughing in large lumps. The bleeding though frequent, had never been alarming. There was a lancinating pain through it. The exciting cause of this was attributed to a sprain received three years before, as a lump had formed shortly afterwards and slowly increased. It inconvenienced him so little, that he continued laboring till a few weeks before admission, when it grew rapidly and became very painful, confining him to his bed; it was fast exhausting him.

On the second day after admission, Dr. Kenderdine, assisted by Drs. Drayton and Thomas, removed the leg by the circular method just below the knee, keeping as far from the disease as possible without involving the joint. It was then closed by sutures and adhesive strips. For some days there was much venous oozing, yet the wound healed kindly, the ligatures were all away by the fifteenth day. There were occasionally erysipelatous blushes on the stump, which were painted with tincture of iodine. He was placed upon good diet, stimulants, iron and quinia. He rapidly improved in flesh and left the house in good spirits. Knowing that the mother of our patient was suffering from a cancerous affection, which has destroyed the nose and one eye, we have occasionally visited him; about two months afterwards we noticed, a small dark purple spot, not as large as a finger nail, just above the edge of the stump; it was cooler than the surrounding parts, slightly fissured, and a moisture oozing from the surface, giving almost positive evidence that mischief was brewing.

We advised him to have the limb removed through the condyles if it should increase, but we have heard nothing from him since.

Mania-à-Potu—Strangulated Hernia—Operation—Death—Autopsy.—Elisha C., aged 45, was picked up on the commons by a police officer, suffering from debauch. When examined at the station-house, he was found to have "a lump in the groin," and was brought to the hospital. It was at once evident, from his incoherent talking, that he was bordering on alcoholic delirium. The lump gave many signs of hernia—dullness on percussion, some impulse on coughing, &c. As far as we could learn from him, it had been there four years, and he had worn a truss for it, though he had none on when found.

An effort was made to reduce it by taxis, placing him in the ordinary position on his back, with the body raised and the limb of the affected side elevated; a part was returned, as proved by the diminished size and the gurgling of the escaped bowel, but most of it remained in position. The man presented no symptoms of strangulation. Operative interference was considered unnecessary by Drs. Thomas and Kenderdine, as it might be an incarcerated hernia. There was some tenderness in the mass, and the belly slightly tympanitic. One dozen American leeches were placed around the tumor, stupes of turpentine and laudanum applied over the abdomen, and half a grain of sulph. morphia given every hour and a half, with brandy, when the delirium increased. After the lapse of twelve hours, symptoms of strangulation began to manifest themselves. There was vomiting, yet free from fœcal odor, with increased pain and tympanitis in the abdomen. He was seen in this condition by the attending officers at their next visit, and an operation at once determined upon, which was performed in the usual manner by Dr. Kenderdine, by permission of Dr. Thomas. A simple incision was made through the skin, the portions beneath divided on a director. The condition of the parts soon showed that the eight layers so beautifully described and figured in works on surgery, might be increased indefinitely. The parts were so thickened and congested by the pressure of the truss, that it was difficult to distinguish the sac. When this was opened, but little fluid escaped. There were some recent adhesions between the sac and the contents, which were mostly omentum with a small portion of gut. There was a slight stricture at the external ring, which was nicked, and a very tight one at the internal ring, the division of which was very difficult. The contents were then replaced, and the vomiting ceased almost at once.

The wound was closed with sutures and adhesive strips, and a figure of eight bandage applied around the body and thigh; half a grain of morphia was given, and turpentine kept over the abdomen. In three hours afterwards his bowels were opened naturally. He continued quiet during most of the day, but toward evening became more delirious. This increased upon him, and he became so violent that it was necessary to confine him by bandages. While struggling he managed to displace the dressings and get his finger in the wound, causing a slight hemorrhage. The tympanitis increased, which was relieved by turpentine and assafœtida injections, but the man gradually sank, and died on the fourth day, exhausted by his struggles. The autopsy showed that the bowels were in good condition, but there was evidence of peritonitis radiating from the wound. His death was probably more owing to mania-a-potu than to the hernia.

Rupture of the Bladder from a Kick—Death—Autopsy.—C. B., aged 24, was brought to the hospital by his companions. A glance showed that he was suffering intense agony. He was sweating profusely, yet in a state of high nervous excitement. He had been drinking, and said that he "had been kicked in the guts, and something had bursted in his insides." On examination, we found no ecchymosis on the abdomen, the skin in the hypogastrium was slightly scratched, but hardly enough to attract observation. He had not passed his water for some time, and since the kick had a constant desire to void it, but was unable. From these statements, and the condition of the patient, we suspected that the bladder was ruptured. Upon passing a catheter a little bloody urine flowed; a flexible catheter was introduced and retained, but the discharge from it was very small. Half a grain of morphia was given and repeated every hour and a half, until relief was given. He seemed to doze after a few hours, but before next morning peritonitis manifested itself. There was febrile reaction a firm wiry pulse, with the belly puffed and acutely painful.

He was treated in the usual manner without avail; gradually sinking, he died on the fifth day.

The autopsy revealed a fissure of one inch and a quarter in extent, near the upper part of the bladder; the edges were jagged, and the mucous membrane protruded through the opening. Dr. Gross states, in his work on urinary diseases, that the organ in this condition is generally much contracted. It was not the case in this instance; the walls were stretched and thin. It appeared as if the contractile powers had been paralyzed upon receipt of the blow, leaving it in its distended state. The abdominal cavity contained about one pint of urine and blood. There was universal peritonitis.

(The subject of rupture of the bladder has been most fully considered, especially in its medico-legal relations, by Dr. Stephen Smith, of New York, in an article published in the N. Y. *Journal of Medicine*, May, 1851. Dr. Smith tabulated 78 cases, according to sex, age, primary symptoms, progress, treatment, result, post-mortem appearances of viscera, post-mortem appearances of bladder, and condition. In these cases the bladder was generally found contracted, i. e. *where the condition of the bladder* is noted. It is, however, quite likely that where the bladder was found relaxed, or of normal size, no note was taken of it in the necroscopic accounts, and thus the impression may have erroneously arisen that as the general rule it is found contracted. At any rate, of the 78 cases tabulated by Dr. Smith, only 17 are recorded as firmly contracted, and in two no bladder was found.—EDITORS.)

Reviews and Book Notices.

A Treatise on Fever—Its Cause, Phenomena, and Treatment, with an Appendix, containing Views on Some Female Diseases, Some Diseases of Children, etc., by Rezin Thompson, M. D., Nashville, Tenn., Published by the Author. 1860.

It has not been our good fortune to be acquainted with the two first editions of this work; and in confessing our ignorance in this respect, we have endeavored to make it good by a very careful perusal and study of the present edition.

Dr. Thompson has a *mission* to perform, and more than that, he is most enthusiastically aware of it. This mission consists in laying before the world a *discovery*, a *grand* discovery, made by himself. It is nothing more nor less than to arrest the mortality from febrile diseases, and Dr. Thompson intimates that by his plan (of treatment of course) some 250,000 lives might be saved in the United States annually.

Like a sensible man, however, Dr. Thompson is aware that the world is eminently skeptic, and especially physicians. He is "aware that we are all slow to acknowledge anything to be great which is the work of a contemporary, and especially of a fellow-citizen and an equal: it requires the charm of distance, of time, or space, to throw around any great discovery that prestige which commends it to our acceptance."

Alas, too true! But there is a consolation which carries balm to greatness thus neglected. Hear we the author:

"Of all ages of the world this is the time; and of all places, this is the locality, in which we might most reasonably look for something great to originate; for I shall not deal much in the imaginary when I say, that this is the most enlightened age of the world's history, and these United States contain more intelligence than any other country which the sun looks upon; and Tennessee is the centre State of this great Republic, and Nashville is the *sensorium commune* of Tennessee."

Imaginary? Not at all! One Thomson wrote a highly imaginative poem on the Seasons; no matter if he had no "p" in his name. Since then we have not heard of another of the family dealing in the imaginary. Only one thing, with true modesty, has Dr. T. omitted—namely, that of that *sensorium commune*, he is the *central ganglion*. Thus incidentally have we discovered the pituitary gland of the intellectual world!

The first five chapters under which the author considers his subject, treat respectively of capillary circulation, general circulation, fever, its nature and phenomena, causes of fever and treatment of fever. Eighty-two pages are devoted to these subjects. In regard to the first two, Carpenter is the prophet by whose beard the author swears. Nothing new is brought forward. With laudable zeal, however, he claims for the blood a circulation in the capillaries, independent of the *vis a tergo* of the heart, in which we quite agree with him. Not so easy is it to comprehend the author's ideas of the nature and causes of fever, who is "not content with knowing that he can *abort* all the forms of fever common in our country," but who also wishes to know "how the thing is done." Exactly.

All disease is dependent on and has its very existence in debility, *ergo etiam*, fevers. That is all which we can decipher out of the theoretical hieroglyphics of Dr. Thompson, and as to their cause he states: "That the cause of all malarious, epidemic and contagious fevers is organised existences—infinitesimal animalcules or sporules, which float in the atmosphere, and are inhaled with it into the lungs, and permeating the lining of the air-vesicles, enter the blood, and by it are carried to the nervous centres, where they act as narcotic poisons."

Cruel things! Wicked animalcules! Evidently Dr. Thompson has seen them, not only flying about, but actually perforating their way through the air-vesicles into the capillaries, and perhaps at a day not far off he will give us descriptions and drawings of each species of animalcule causing a peculiar type of fever. They will all be named after Thom(p)son. Whether they are infinistesimal, excentrically or concentrically, Dr. T. does not inform us; for which we are sorry.

Having "dwelt long enough upon the cause of fever, its nature and phenomena, and having, doubtless, convinced all whom I shall be able to convince that the theory I have offered is the true theory," Dr. T. next comes to the plan of treatment "which has grown out of these views"—and which "*in my hands* has proved successful beyond any parallel of which I am informed." Of this we are glad, both for Dr. Thompson's sake, and his patients.

Like a practical man, our author first proposes to remove the cause. This being inva-

iably animalcules, it is only necessary to find some universal "insect killer," and the thing is done. Consequently *oil of sassafras* is the great remedy. He has tried it a thousand times, and found it immediately fatal to every kind of insect life. Sassafras—*magnum donum Thompsonii!* Idiopathic fevers of all kinds need no longer frighten us, when in this oil we possess the means of lubricating their causes out of existence. But as this takes *time*, and meanwhile the ugly little creatures are narcotizing the nervous system, we must use something to allay the disturbance in the nervous system. Here valerian is the great remedy. Then the capillary action must be restored, and piperine, we are informed, is just the thing. The heart's action must next be quieted, and here various means, not necessary to be mentioned here, come into play.

Dr. Thompson, of course, has a universal syrup with which he aborts all fevers. It is composed of syrup of rhubarb, tincture of valerian, each two ounces; oil of sassafras, twenty drops; piperine, ten grains, supercarbonate of soda, twenty grains. This is given in tablespoonful doses every two or three hours, and with it he cures yellow fever and typhoid alike.

We have neither time nor space to follow the author through his review of the various theories of fever. In a chapter he treats on dysentery. For this he also has an unfailing syrup, which is the compound syrup of—peach-leaf.

Finally, we must add, that Dr. Thompson winds up his book with decidedly quackish tendencies; bringing certificates of the efficiency of his compound syrups from various sources, and also stating that he has them ready made, awaiting orders.

The book is dedicated to Prof. Bowling, of Nashville, which honor that gentleman will of course highly appreciate.

We hope this to be the last book that Dr. Thompson will miscarry upon the public.

French Society Discussions.—The *Med. Times* gives the following French criticism of these brilliant discussions which ever keep up so much medical sensation: "A strife of words kept up by a confusion of principles; entire absence of conviction in one party, and extreme narrowness of views in another; fighting in empty space; reasonings in a circle; and false conclusions."

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, SEPTEMBER 8, 1860.

VENTILATION OF PUBLIC BUILDINGS.—THE NEW COURT HOUSES.

Charles Goodyear, the inventor of vulcanized india rubber, spent twenty-five years litigating his claims in different courts throughout the country; and when at last, in the final court of appeal they were fully established, he lived but a short time to enjoy the emoluments resulting from the decision. He gained his suit, but lost his life! A coroner's jury might have rendered a verdict in his case—"Died of the foul air of court rooms."

It is notorious that our court rooms, as well as most of our other public audience rooms are almost universally badly constructed as regards proper means of ventilation. The rooms, which are almost always thronged by a promiscuous crowd, are generally small, with low ceilings, and narrow doors and windows, which are, as often as any way, closed by curious spectators of the proceedings within. A latticed opening in the ceiling into a close garret, or into the space between the ceiling and the floor of the room above, is dignified by the name of "ventilator," and the audience is cheated into the belief that the room is ventilated. Meanwhile the atmosphere of the room gradually becomes loaded with particles of dust raised by the motions of the audience; by moisture from the breaths of scores of persons; it becomes redolent of the fumes of tobacco, lager beer, bad whiskey and other "separate and well-defined stinks"—oxygen and nitrogen give place to carbon, moisture, nicotine, alcohol and dust. Throwing out of the question the unfavorable influence all this foul air must have on the administration of justice, it is enough for us to look at its bearing on the health of the community.

We were lately called upon to spend four hours in one of our court rooms, in order to give testimony which occupied about five minutes in the delivery. The result was a violent headache, several days of discomfort—and these editorial remarks! And we doubt not

our feelings were participated in, in a greater or less degree, by a large part of the audience.

Court rooms are almost always filled, no matter how trivial the cases on trial, and there are times when the public are so interested in a case that every inch of room is occupied. How urgent then, the necessity that they should be thoroughly ventilated. Science should be put to the rack to suggest the most perfect system of ventilation. There should be sufficient power at command to *force* fresh air into the room in a constant stream to the exclusion of the foul, vitiated and poisoned air that is exhaled from so many lungs. And yet where is the court room that has a complete system of forced ventilation connected with it? These remarks are in a great degree applicable also to many of our churches, lecture rooms, school rooms, and to our hospitals, prisons, and other public institutions. It is high time that attention was drawn to the importance of a subject which so directly concerns the health and the lives of the community.

Our city is about to erect new buildings for the accommodation of the United States and City courts. Fortunately the location selected for the erection of the buildings, besides being central and adapted to the wants of the city, is elevated, and open to a free circulation of air. All that is wanted in addition, is the adoption of plans for the buildings that will secure a *thorough ventilation*. This may, and probably will, involve the sacrifice of some architectural taste and display, but what is that weighed against health and life, against clear expositions of law, lucid arguments, comprehensive and comprehensible instructions, careful deliberations and righteous decisions?

The commissioners for erecting the new Parliament House in London, employed a man thoroughly skilled in his art to adapt a complete system of ventilation to that immense structure, and although the same man had but a few years before proved to the satisfaction of every one the importance of a thorough system of ventilation by entirely renovating the old Parliament House, which had become so foul as to be almost a charnel house, yet because the architects thought that some proposed ventilating towers in the new building were incongruous with the general plans of the building, the whole system of ventilation was sacrificed to architectural display. Is it strange that we now read of the poisoned, foul air of the new Parliament House? We trust that the commissioners, to whom is entrusted the adoption of plans for the erection of the new Court Houses in this city, will *insist* on the adoption of a proper system of ventilation, even at the sacrifice of some architectural display.

A MISAPPREHENSION CORRECTED.

A correspondent, evidently misapprehending the action of the American Medical Association, at its last meeting, in regard to spring courses of lectures, writes—"I shall ever resist the attempt to *force* every Medical College, from Maine to California, to teach medicine only at a particular season of the year."

We do not understand the Association as attempting to dictate to the colleges the season of the year at which lectures shall be delivered. Its object is to oppose the very great evil—which we are sure our correspondent is not prepared to defend—of students beginning to attend lectures either in the spring or fall, and at the close of their first course immediately matriculate in another school, and graduate within ten months from the first commencement of their attending lectures.

We think that the resolution as adopted by the Association, viz:—that "no student shall attend a second course of lectures until a year shall have elapsed since the commencement of his first course,"—should commend itself to the support of all who desire to encourage a higher standard of medical education. Surely no one will pretend that a student can be hurried through two courses of lectures within one year, and be much profited by it. Such literary gormandizing must, in most instances, result in an overtaxing of the mental powers, and a consequent crude digestion of the medical knowledge attempted to be imparted by the lecturer.

It is a mistake to suppose that this resolution was aimed at those schools that hold their

sessions in the spring. It will, it is true, prevent the first course students of the preceding fall from attending a spring course, and *graduating*—and so it should—but it will also prevent the first course students of the spring schools from graduating at the succeeding fall and winter courses.

The objects and aims of the resolution seem to us perfectly plain and reasonable, and should commend it to the hearty support of all who really desire to see medical education keep pace with the demands of the age. One course of medical lectures a year, is as much as can be profitably attended by the student.

Our correspondent "L." is severe on one of the features of the quack medicine nuisance, and takes "*high ground.*" But he is right, and we believe it time that this subject should be ventilated. No honest newspaper, of whatever kind, has any business to countenance, directly, or indirectly, the vile and dangerous traffic.

SEA BATHING.

It is impossible not to observe how evenly modern enterprise keeps pace with the wants of civilization, and especially in that direction which administers to the comfort of body and amusement of mind.

Six years ago, a little island in New Jersey, which had long been known as a favorite resort of sportsmen, and which has been associated for nearly one hundred years with the Leeds family, (several of their descendants still residing there,) in consequence of the construction of a railway from Camden to Absecom, thence over several miles of meadows, and finally, by a substantial bridge connected with the main land, suddenly, as if by magic, is elevated to a well deserved notoriety. Judging from the experience of the past, and the many natural advantages possessed by this spot, its prosperity may only be regarded as having just been inaugurated. The island, upon which Atlantic City stands, is by railway 60 miles from Philadelphia, or in this day when *time* not *distance* rules the hour, *two hours and a half* from the city. It is about eight miles in length, by three-quarters of a mile in breadth; having the ocean on the one side, and the bay of Absecom on the other, the two communicating at either extreme by inlets. When the railway was first built, there were only three houses on the island; there are now one hundred and thirty-three, with a permanent population of 600 inhabitants. One hundred houses offer accommodatians for visitors, and the pleasure-seeker or valitudinarian may quarter himself, as best he pleases, either in the fashionable and well-appointed Hotel, or the quiet and retired cottage. Among the buildings of the latter description, are several replete with taste and elegance, which belong to Philadelphians. These they occupy during the summer months; attending to their business in the city during the day, and spending the evenings and Sabbaths with their families on the island.

The city was incorporated in 1854, the municipal government being placed in the hands of a Mayor and six Councilmen, who appoint a Police force sufficient to prevent all disorder or improper conduct. Several large and handsome churches have been erected. One by the Presbyterian denomination, in 1856; one by the Methodist, in 1857 and '59; and one by the Roman Catholics, in 1858. Episcopal service is also regularly conducted, during the *season*, in Mansion Hall.

On the ocean side a magnificent beach extends from one end of the island to the other, and covered by a surf which can scarcely be any where surpassed. Its regular and uniform slope, and the existence of a semi-circular bar, render the bathing more than ordinarily safe. The temperature of the water will compare favorably with that of any similar resort in this country or Europe.

By experiments performed by M. Gaudet at Dieppe, on the northern coast of France, as we learn from Dr. Bell's valuable work on Baths, extending over a period of ten years, the air ranged over a scale of 18 degrees, and the water 9 degrees. The average temperature during the three summer months, of the air was 63 deg., and of the water 64 deg. On the coast of England, the temperature of the sea averages during July and August 63 deg. M. Le Cœur states the heat of the ocean at Caen, Normandy, from the middle of July until the last of September, to be 69 degrees; and according to Vogel, at Deboran the temperature during the bathing season is 60 degrees. From some thermometrical observations by the writer, and covering a period of 18 days during the month of August, taken in the water and the air at the hours of six and eleven, A. M., and six o'clock P. M., of each day, the following results were obtained: The average temperature of the water was 70 degrees, and of the air 69 degrees, at Atlantic City. The greatest heat during this period, of the air was 77 degrees, the least 66 degrees; the highest temperature of the water, indicated by the thermometer, was 78 degrees, and the lowest 68 degrees. The latter taking place after a very severe north-eastern storm.

The prevailing winds for the same time, were from the south-west.

After midnight, the land breeze springs up, and

continues to blow out until about 10 o'clock the succeeding morning, when a strong sea air sets in; and so alternately we have land and sea currents.

There is also here a peculiarity of the air quite different from some other sea-shore localities; and that is the remarkable absence of moisture. This fact has been very generally observed, and which is one of great importance in a hygienic point of view, designating the situation as one to which persons laboring under pulmonary disease, may repair with decided advantage. The explanation of this atmospheric state is probably to be found in the circumstance of the island being surrounded on all sides by salt water, without any admixture from fresh water bays, and so maintaining a circle of corresponding degree of temperature, both of water and air. Though July and August constitute the months of principal resort, there is no reason why sea bathing might not be practiced with equal advantage during September. The writer is informed, from reliable sources, that there is a very slight diminution in the temperature of the water, and that the air continues mild and pleasant until the last of October. May not the gulf stream, which approaches within 80 miles of this point on the coast, exert some influence on the temperature of the water? This state of water and air would enable persons just beginning to feel the beneficial effects of the air and water, to prolong their stay, or those who may have not experienced the necessity of relaxation until the ordinary season has passed over, to still visit the shore with advantage, and certainly with the opportunity of commanding comforts which could scarcely be enjoyed during the earlier and more crowded part of the season.

Independent of the bathing, there are here various sources of amusement and instruction. If fond of natural studies, the visitor may find in the waters, and upon the beach various forms of marine plants and animals, the study of whose organizations cannot fail to prove interesting. Or he may try the temper of his stomach on the open sea, in some of the many yachts which are always in readiness for a sailing excursion. If an admirer of Izaak Walton, he may, with line and dipsy, bring up from the briny depths of the bays, a variety of the finny tribe, with which their waters abound. This is among the most exciting occupations of the place, and we feel certain that, after enjoying one of these fishing excursions, the visitor will not fail to bestow a few anathemas on the author of Don Juan, who could invoke such an imprecation as the following on the good old Prince of Anglers:

> "And angling, too, that solitary vice,
> Whatever Izaak Walton sings, or says;
> The quaint, old, cruel, coxcomb, in his gullet
> Should have a hook, and a small trout to pull it."

Or with gun and decoys he may enjoy the most exciting sport among the clouds of fowl which frequent the almost interminable meadows. If disposed to rise in the world, he may ascend by 240 iron steps to the summit of the light house, which towers in colossal height two hundred and eighty feet, and from whose top the spectator may behold a panorama not often excelled in either extent or grandeur. This important structure was erected by the government, in 1854, and is crowned with a magnificent French lamp, constructed by L. Sauttie & Cie, of Paris, containing 256 lenses, at a cost of 15,000 dollars. It is visible fifty miles at sea; the light reaching its greatest intensity at the distance of 30 miles. The material used is oil, 600 gallons of which are consumed annually. Or if the visitor should be inspired by the genius of poetry or romance, he may find one here, living in lone and retired independence among the groves of cedar, bay, and holly, whose congenial spirit will entertain him, no less by the lays of the muse, and the tasteful and ingenious forms of shellwork, framed by her hands, than by the recital of a personal history, which gives new force to the oft repeated quotation, "truth is sometimes more strange than fiction."

In conclusion, let us throw out a suggestion. It is estimated that by the end of the season, almost, if not altogether, eighty thousand persons will have visited the island. This enormous number may be divided into three classes. One consisting of persons whose stay is transient—merely to see the place, and spend a day or two pleasantly; a second, of persons who, having leisure and means, go for recreation and amusement; and a third, of persons broken down and enfeebled in health.

Of this latter class, there are many who are not competent to the task of walking to bath houses upon the beach and changing their clothing, or of being beaten about by the force of the sea breakers, and others who have not constitutional vigor sufficient to bring about a perfect reaction. To meet the necessities of such, why not have bath rooms in connection with the boarding establishments, where the water, conveyed from the ocean, could be elevated to any degree of temperature, thus furnishing the invalid with the advantages of cold, warm, shower, or plunge salt baths. Such facilities would not only repay proprietors for the expense in their erection, but attract crowds of sufferers, who now remain at home, or go in some other direction.

—o—

Philadelphia County Medical Society.—The first meeting of this Society, after the Summer vacation, will take place on Wednesday evening, September 12th, at the usual place of meeting. Subject for discussion:—*Abortion, its causes, dangers, and treatment.*

Correspondence.

EUROPEAN CORRESPONDENCE.

Dublin—Its Institutions—St. Vincent's Hospital—University of Dublin—Trinity College — Museum —Curious Specimen of Transformation of Joints into Bone—Library.

Cork, Aug. 19th, 1860.

Editors of Medical and Surgical Reporter:

GENTLEMEN:—When in Dublin a few days ago, I took the opportunity of visiting the University and one of the Hospitals. Of the latter there are several. Stevens' Hospital, Royal Hospital, St. Vincent's, a Military Hospital, and the Hospital connected with the Workhouse, or as it is often called here, the "Union."

The only one which I found time to visit was St. Vincent's in Stevens' Green. It is, I believe, not quite as large as Stevens' Hospital, but it is considered to be one of the best managed in Dublin. The building which composes it was at one time the residence of the Countess of Neath, who gave it for the purpose to which it is now applied. Additions have, however, been made, and it is now capable of accommodating nearly 100 patients. This seems a small number compared with those contained by the Hospitals in London and Paris, but it is necessary to bear in mind that the chief city in Ireland contains only about one-tenth of the population of London, or not quite half that of Philadelphia. Indications of the original use to which the building was put, can be discovered in the carved wood work about the rooms and in the ornamented ceilings, also in the size of the wards, in each of which only six or eight patients can be accommodated. In the new portions of the building, however, the arrangements are very similar to those of most of the other institutions which I have visited, the wards being long and narrow.

St. Vincent's Hospital is in the hands of the Roman Catholics, and is supported entirely by voluntary contributions. The nurses are all nuns, and one of them showed me around the house. There are no residents, but three attending physicians, who pay a visit twice daily, and are sent for in any emergency. Each of these physicians pays a visit twice weekly, accompanied by students. There is aa operating room capable of containing about eighty persons. Every thing appeared to be very neat and clean, and the nun who showed me around seemed to take an interest in pointing out what was worthy of observation. I was, however, sorry not to have seen some one of the physicians or surgeons, none of whom happened to be in at the time of my visit.

I was very much interested in my visit to Trinity College, otherwise called the University of Dublin; this University only containing the one College. There is in Ireland one other University called Queen's University, and this consists of three Colleges, one at Cork, one at Glasgow, and one at Belfast.

In Trinity College there is taught Law, Medicine and Divinity, besides the usual studies of the Department of Arts. The College was founded by Queen Elizabeth, and there is a picture of her hanging in either the dining hall or the hall for examination, I forget which. In both of these rooms there is a number of portraits of Professors or Patrons of the University.

In the Medical Department I visited the Museum, the Dissecting Room, and the Laboratory. Dr. Apjohn is the Professor of Chemistry, and occupies the same chair also in the Department of Arts. The duties of one of the chairs require him to lecture three times weekly, and of the other, four times weekly. There are also two laboratories and two lecture rooms, one for each of the departments. Each laboratory was apparently amply supplied with apparatus.

In the Museum there was a skeleton of a giant eight feet six inches high, but although the height was so great and the chest was splendidly developed, the cavity of the cranium was not, I was informed, larger than the average, and certainly on a cursory view, it did not strike me as being equal to the average. The most remarkable thing, however, which I saw in the Museum, was the skeleton of a man, all of whose joints had become ossified, with the sole exception of those of the phalanges, and of one wrist. Even the neck was perfectly immovable, as could be readily seen, for there was a mass of bone extending from the occipital ridge to the dorsal vertebræ, showing that the tendons of several of the muscles of the back, or rather the muscles themselves, had been converted into bone. The microscopical examination of this new formation revealed, I was informed, all the characteristics of bone, showing that it was not merely a deposit of osseous matter, but an actual conversion into bone.

Who, at first sight, if asked whether he would have preferred to have had his lot cast in the condition of this poor creature, half turned into bone, so that he could be seized by the feet and held out horizontally, without the least bending, or in that of the Irish Giant of 8½ feet, would not prefer the latter, and yet this giant died at the early age of twenty-five, while the other lived for about a century, and enjoyed life even to the last; for with his one movable wrist he managed to play cards, even without any other part of his body being of any use to him.

One of the curiosities of the Museum is the series of wax models, (or as they call them here, wax

works,) which were made in France two hundred years ago. Some of them are still very good, or perhaps I should content myself with saying *some parts* of some of them, for they are falling to pieces. Of course, however, they never were to be compared to those beautiful models made in modern times by Messrs. Towne & Tuson.

The pile of buildings which forms Trinity College is quite extensive. A new and very handsome edifice has just been completed, which is intended to contain the Museum, and some Lecture Rooms.

I visited the Library, which contains about 100,000 volumes, among which are many valuable manuscripts; also the Chapel, in which is an old organ, said to have been brought over in the Spanish Armada. But I find I am running off from the proper subjects of my letter into non-medical matters, for which I refer you to the Guide Books for further information. Hoping that before long I may be enabled to send you a more interesting letter, I remain,

Very truly, yours,

M. D., ABROAD.

QUACK ADVERTISEMENTS IN RELIGIOUS NEWSPAPERS.

Philadelphia, Sept. 4th, 1860.

MESSRS. EDITORS—Every intelligent physician must appreciate the importance of your remarks upon the "Quack Medicine Nuisance" in last week's issue of The REPORTER. It is a subject which the philanthropist must contemplate with sorrow and regret, when he sees the all-powerful secular press of this country, hiring itself out to be the avenue, through which one the greatest moral and physical wrongs is inflicted upon humanity.

When this portion of the press shall have thus cleansed itself of these filthy and ribald advertisements, and be no longer the banners of a multitude of lying and ignorant pretenders, we may congratulate ourselves upon having reached an era, full of promise for the unfortunate of our race.

If this feature of the secular press is to be so deeply deplored, how much more so is the shameful and sickening example of a portion of the so-called *religious* press, which appears to have escaped your editorial attention.

Many of the clergy have long been notorious for the affectionate manner with which they have regarded all forms of medical humbug, and whether the mixer of the vile trash deals in "prince of purges," or criminal abortions with female *regulating* pills, he is always able to find some one suffering the "incumbrance" of D. D. to write a sentimental puff, and some solemn sheet to herald it at fifty cents per bottle, or five boxes for one dollar, and thus the religious press, whose affirmed mission is one of truth, degenerates into organs in whose columns any ignorant quack may display his lying and delusive testimonials. But these men pay well for their space in the newspaper, and the editors must *live* even if they be indirectly the means of wrenching the last dollar from, or sending to his long home, some unfortunate or *sinning* fellow mortal.

In looking over some files of religious newspapers, I find that in some a half column to a column and a half is dedicated to this elegant literature, and the nostrum comes well recommended by numerous respectable clergymen. The question naturally arises, do these gentlemen believe in the infallible efficacy of these compounds? Certainly not, and under these circumstances the only inference that can be drawn, is by no means favorable to them as honest searchers after the right, or moral instructors of the people.

I think, Messrs. Editors, that we must all agree with Southey, that "Man is a dupable animal. Quacks in medicine, quacks in religion, and quacks in politics know this, and act upon that knowledge."

But, at this late day of civilization and intellectual culture, it is a sad thought that those from whom we shonld expect most, have made themselves *participes criminis* with the empiric, to rob him of Heaven's most precious gift; for, if we believe with the Roman orator, that "Men resemble the gods in nothing so much as in giving health to their fellow men," he must also agree that the Devil alone is the accomplice of him who would rob the afflicted of his only hope for relief—scientific medication.

What matters it if a city should be beautified by marble palaces, or a sectarian university's treasury filled with the proceeds of this infamous traffic; rather had they all crumble into dust than that one single cry should be heard for bread from a household, whose all had been exhausted to appease a mania for quack nostrums; for the habit of dosing with these "Panaceas," once confirmed, is one of the most dangerous and tenacious of all the indigenous habits of the American people.

The gentlemen who edit these religious newspapers, are some of our most eminent clergymen, men, whose lives belie the charge that this wrong is done knowingly, and for the sake of gain.

Why is it, then, Messrs. Editors, that clergymen are, and have always been the aiders of imposters, and the religious press their most potent defenders. It must be that unfortunately they do not understand the close relation of medical and moral science. Wipe from the earth our knowledge of the laws which govern the life of man, all our facts concerning him as an individual and as a race, and restore the old faith in amulets, charms, in the "Ad-

mirable Secrets" of Albertus Magnus, the "Demones of Cornelius Agrippa;" or, let the religious press succeed in their efforts to make the people have faith in the nostrums which they advertise, and where will moral science be then? Nay, rather that this should be, better had the torch of the incendiary levelled to the ground the office of every newspaper that sings the Syren's song.

Messrs. Editors, I must close this already too long epistle, hoping that the time is not far distant when these clergymen will believe, with the good philosopher, that "medical cannot be separated from moral science, without reciprocal and essential mutilation;" or, should they never make an effort to search for the truth, and still be content to tread this dangerous ground, I trust they will at least imitate old Mercuriophiles Anglicus, who knew "enough to hold his tongue, but not enough to speake."

Sincerely yours, L.

ONANISH IN THE LOWER ANIMALS.

A correspondent from New York writes us a letter in reference to the effects of onanism which he has observed in a little poodle dog.

"The animal was extremely poor, and thinking it was from want of food, I fed him unsparingly; but to no effect,—he grew worse daily. At last I discovered the habit above-mentioned.

"The first symptom of the disease was an uneasy restlessness,—after which day by day revealed new features.

"His eyes at times appeared as green as verdigris; he whined, yelped and barked. Finally he refused to eat, but drank water incessantly.

"Sometimes, after having been lying quietly, he would suddenly spring to his feet and rub his head on the lumbar region, while his tail would stand rigid and erect, his fore-and hind-legs, stretched to their full capacity, giving every evidence of pain in the genital and lumbar region, and showing signs of epilepfoid tetanus. These symptoms continued until the day before his death, when he would rest for a few moments, then jump up and run as fast as he could until striking something, when he would fall heavily, and in a short time a terrible fit would intervene. In one of these fits he died.

"*Post-mortem examination.* — The testes were nearly gone; what remained of them had a milky appearance. The corpus spongiosum was large and highly inflamed, while the prepuce was pale and withered like the hands of a washerwoman. There was considerable serous effusion around and infiltrated in the brain; particularly the pons varolii. The substance of the brain was in a soft, pulpy condition.

"I give you this account of this curious case, believing it to be an interesting evidence of the danger of this loathsome practice so common among the higher classes of animals." W. G. B.

News and Miscellany.

The Grape Cure is said to be increasing in popularity, and great numbers now resort to the Swiss and German vineyards. Grapes have from antiquity had the repute of possessing great curative properties, but their recommendation as a panacea is quite modern. A few years ago some accounts of the grape cure attracted a momentary attention, but since that time but little on the subject has appeared, though the practice has continued to progress in a local and quiet way. The *Lancet* says, that in the grape countries, as Germany and Switzerland, the system has become sufficiently developed to possess a literature, and a hospital with its staff. There are thirteen or fourteen monographs on the subject in German, and two in French.

The patients, for the purpose of undergoing the treatment, seek the vine-clad hills and lake sides of those most picturesque countries, where the grape in its perfection luxuriates. They rise early and spend the day in the open air, strolling at leisure, in a genial climate, amidst the most beautiful scenery. They eat grapes as they pluck them, in the walks, fresh from the terraces, and are scarcely limited in the amount they may thus consume. The quantity eaten during the day varies from four to twelve pounds.

As usually practiced, the grape cure can only be considered as a dangerous, empiricism which, when carried to an extreme, must prove fatal to many; but the treatment is certainly attractive, and in scorbutic and all conditions in which a radical change in diet and habits is indicated, such treatment may be beneficial.

Prize Essay for the Ohio State Medical Society.—At a meeting of the Ohio State Medical Society at White Sulphur Springs, in June, 1860, the following resolution was adopted:

"*Resolved*, That a medal of the value of fifty dollars, with a suitable inscription, be offered by this Society, and awarded to the author of the best essay by a member of the Society; the determination of

merit, the subject of the essay, and the regulations of the competition to be made by a committee hereafter appointed, their award to be made before the next meeting of this Society."

The President appointed Drs. M. B. Wright, of Cincinnati, R. Rodgers, of Springfield, and S. G. Armor, of Dayton, the committee. In accordance with the provisions of the resolution, the committee announce as the subject of the prize essay, "The Use of Anæsthetics in Obstetrics." The essay to be by a member of the Society, and to be forwarded by April 1, 1861, to Dr. Wright, of Cincinnati, chairman of the committee. Each essay to be accompanied with a sealed note, containing the author's name.—(*Cincinnati Lancet and Observer.*

In the Cincinnati *Lancet and Observer* for September, Dr. David Hutchinson, of Mooresville, Indiana, publishes a paper on the Physiology and Pathology of the Spleen, in which he comes to the following conclusions:

1. The spleen serves as a diverticulum or reservoir for the blood, and thus regulates the quantity of the blood in the circulation.

2. The spleen performs a very important office in the process of sanguinification, either as a blood-disintegrating or as a blood-forming organ. We leave this as an open question.

3. Malaria acts upon the blood, breaking down the blood corpuscles, from which results disease of the spleen, and a peculiar anæmic condition of the whole system.

4. The cure of this splenic affection depends on the administration of quinine and iron—especially the latter. These remedies being stimulants of cell growth, which is deficient in splenic cachexia.

Acu-pressure.—"We do not view the above as a reliable mode of arresting surgical hæmorrhage. The presence of a needle of oxidizable metal in a fresh wound, would be infinitely more irritating than a ligature. Besides, the needle inflicts a punctured wound, which of all other small ones is the worst. Tetanus sometimes results from a needle puncturing the food. And very serious consequences often result from needle wounds of other parts.

In vitiated constitutions, the removal of pressure from the artery, after its division, in two or three days, as recommended, is entirely too soon.

The *acu-pressure* appears to possess no advantages, but many disadvantages, over the ligature. We therefore predict its ultimate failure in securing the confidence of the medical public generally."

Thus says E. S. Cooper, A. M., M. D., Editor of the San Francisco Medical Press. We cannot speak for California, but in *these* regions *acu-pressure* has been used with signal success, as the recorded cases of the Philadelphia and New York Hospitals, and of private practice, prove.

Heureka!—a Sure Cure for Sciatica.—Dr. Joseph Haine, of San Francisco, having read in the *Courier des Etats Unis*, the account of a case in which sciatica was cured by cauterizing the external ear with the actual cautery, tried the remedy himself, in three cases, and, as he reports in the *San Francisco Medical Press*, with complete success. *Poster, propter, etc.!* We shall next hear of cauterization of the little toe for otalgia.

A Step in the Right Direction.—We learn from the *Boston Medical and Surgical Journal* that the Trustees of Amherst College, at their late meeting, established a new Professorship, under the title of *Hygiene and Physical Education.* Dr. John W. Hooker, son of Dr. Worthington Hooker, was elected to fill the new chair.

Iodide of Propylamine.—According to *M. Benjamin J. Crew*, in the *American Journal of Pharmacy* for September, propylamine combines readily with the aid of a gentle heat with iodine, and forms a colorless solution in which the characteristic odor of these two substances can be perceived. It may be prepared by adding iodine to a convenient quantity of propylamine in a glass flask over a sand bath as long as the iodine is taken up; a deep red solution is first formed, which, as the combination is effected, becomes gradually colorless; in case of an excess of iodine, a small addition of propylamine will speedily take it up.

M. Crew suggests that the iodide of propylamine might be found to answer better in certain cases than the chloride. He proposes the following formula:

℞. Iodide of Propylamine 25 drops.
Peppermint water 6 f. oz.
Sugar 2 drachms.

Dose.—A table-spoonful every two hours. In this form the patient would receive the $\frac{1}{16}$ gr. of iodine at a dose.

Army and Navy Intelligence.—Surgeon J. K. Barnes has been ordered to repair, on or about the 1st of October, 1860, to the Head Quarters of the Department of Oregon, and report for duty to the Commanding Officer.

Assistant Surgeon, J. D. Grafton, has been ordered to the Receiving ship North Carolina, at New York.

Passed Assistant Surgeon, A. M. Lynch, has been ordered to the Navy Yard, at Philadelphia.

Surgeon Wm. F. McClenahan, has been ordered to report for duty, at the Navy Yard, Washington, on the 1st of September, to relieve Surgeon George Clymer.

Surgeon C. C. Keeney has been relieved from duty in the Department of California, and ordered to repair to the Head Quarters of the Department of Oregon and report for duty to the Commanding Officer.

A "Metropolitan" Report.—The following report was submitted to the Commissioners in New York, by Sergeant Ford of the sanitary squad:

New York, Sept. 3d, 1860.

TO THE BOARD OF POLICE:

I report the premises No. 323 west Thirty-eighth street, as being in a filthy condition, and detrimental to public health. The premises are occupied by Bridget Wazoning, her two sons, nineteen pigs, two horses, three goats, and two dogs, all inhabiting the same shanty. A warrant was obtained for said Bridget, who was taken before Justice Connolly, and ordered to remove the pigs and cleanse the place, or that otherwise he would enforce the ordinance in relation to piggeries.

BOWEN G. LORD,
Sergeant.

Sergeant Lord only reported as to *mammalia;* suppose he had gone into *entomology!*

Yellow Fever.—The season thus far, seems to have been remarkably exempt from yellow fever in our sea ports. In Norfolk but few ships arrived with the pestilence. Within a week, however, three vessels arrived there, having seven cases on board.

The most unfavorable reports come from Sagua La Grande and Cien Fuegos. In Havana very few cases of the fever exist. Up to the 25th of last month not a case of the fever had been reported in New Orleans.

There are but few patients on the floating hospital in New York.

Mortality of New York.—During the week from August 25th to September 1st, 524 deaths occurred in New York. Among these there were 103 from cholera infantum, scarlet fever 21, consumption 56, marasmus 43.

This is a decrease from the same weeks for the two years past.

Dr. J. Aitken Meigs, of this city, at a meeting of the Société d'Anthropologie de Paris, held May 24th, 1860, was elected "Foreign Associate Member," upon the proposition of M. M. Geoffroy St. Helaires, Beclard and Broca.

The Hospital for Sick Children at Vienna has been seized by the government, and is to be sold for the non-payment of taxes.

The Census of the State of Connecticut, which is now being taken, shows an increase of nearly thirty per cent. in the last ten years.

Refinement in Surgical Nomenclature.—The London *Lancet* reports a case of carcinoma of the "*Penile Organ.*"

A Contagious Epizootic of a carbunculous character, is prevailing in Russia.

The Northern Medical Association will meet, after the usual summer vacation, on Friday evening, Sept. 14th, at the Northern Dispensary.

Dr. Textor, the veteran Professor of Surgery at Würzburg, which post he filled for over thirty years, died on August 7th. He was Senior of the Faculty of the University of Würzburg.

Dr. J. Troup Maxwell, of Tallahassee, Fla., has been elected to the chair of obstetrics and diseases of women and children, in the Oglethorpe Medical College, of Georgia.

Dr. E. M. Moore, takes the place of Prof. Hamilton, as Prof. of Principles and Practice of Surgery in the University of Buffalo.

Dr. Charles A. Lindsley is appointed to the chair of Materia Medica and Therapeutics in Yale College.

The St. Joseph Medical and Surgical Journal has just reached us. It has passed from the proprietor and editorship of the St. Joseph Medical Society into that of Drs. G. C. Catlett and J. B. Snelson, and they have our best wishes for success and prosperity in their enterprise.

We are glad that this gives us an opportunity to make an explanation, in reference to some remarks we made sometime ago, regarding certain journals that copied from the *Reporter* without giving credit. From a letter which we received by Dr. Heddins, formerly *redacteur en chef* of the Journal, we are entirely satisfied that the matter was an oversight, and we exonerate the Journal and its able editors from all blame.

Answers to Correspondents.

L. W. S., a postmaster in the State of New York, who signs himself M. D., and who is not a subscriber, but appears to read the REPORTER as it passes through his hands, writes us as follows:

"Editors of the Medico and Surgocal Reporter
Deer Sirs
in perusing your journal I find a perscription of compound of swalloes, will you in Return give me the Dose and How to prepare them. it is highly recommended in (Epilepsy) from the 28 of July number."

We beg of the gentleman who has so eagerly *swallowed* a little *jeu d'esprit* of which we have been guilty, to trouble himself no more about the matter; but if he insists upon swallowing swallows, to do them up in the modern style. Broiled or roasted, until nearly done brown, we should consider them best.

COMMUNICATIONS RECEIVED.—*Alabama*, Dr. J. E. Price—*Illinois*, Dr. E. D. Gates—*Iowa*, Dr. John W. Lewis—*Ireland*, M. D. Abroad—*Kentucky*, Dr. D. Johnson, Dr. T. F. Clardy, Dr. Preston Ramsey, [with encl.]—*Michigan*, Dr. T. Tompkins, [with encl.]—*Mississippi*, Dr. S. Morton—*New Jersey*, Dr. G. Tomlinson, [with encl.,] Dr. Max Kuechler, (2.) By Dr. McNichol: Drs. Kopetschny, J. N. Quimby—*New York*, Dr. O. C. Gibbs, Dr. McNichol, (3,) Dr. G. W. Sutherland, Dr. W. E. Chapman, S. S. & W. Wood. By Dr. McNichol: Drs. Schieferdecker, Wm. H. Hanford, Wm. McKenna, A. E. Jacobson, John Scigh, J. Mayer—*Ohio*, Dr. Thomas R. Simpson—*Pennsylvania*, Dr. E. Hopkins, Dr. R. A. Given, Dr. Robert P. Greenleaf—*Washington, D. C.*, Dr. Hansmann, [with encl.]

Office Payments—Dr. Edward Kelly, (Ill.,) Dr. A. G. Walter. By Mr. Swaim: Dr. A. Faulke, Dr. Wm. H. Taggart, Dr. McFadden, Prof. Jackson, Dr. Walker, Dr. Burnell.

DEATHS.

PIATT.—On the 21st inst., at his residence, in the Borough of Cherrytree, Indiana County, William A. Piatt, M. D., in the 35th year of his age.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

CLIFTON HALL.

UNDER this name a private Asylum for the reception and treatment of a limited number of the Insane of both sexes, has been recently constructed on the most approved plan for the comfort and recovery of the health of its inmates. CLIFTON HALL is situated in a beautiful part of the country, within a few miles of Philadelphia.

MANAGERS.

John Bell, M. D., Hon. Wm. A. Porter, Hon. Wm. Strong, Joseph Carson, M. D., Samuel Henry Dickson, M. D., Herman Cope, Esq., Charles Kelly, Esq., Oborn Levis, Esq., Francis Tete, Esq., Morton McMichael, Esq., Rev. Wm. P. Breed, Rev. John Jenkins, D. D.

For particulars, apply to the subscriber.

R. A. GIVEN, M. D.,
202—1y Clifton Hall, Kellysville, near Philadelphia.

PENNSYLVANIA COLLEGE.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

THE Rooms for Practical Anatomy will be opened on Monday, the third of September. Applications may be made to THEODORE A. DEMME, M. D., Demonstrator, No. 538 north Fourth street, or to M. A. Scott, Janitor, at the College Buildings. 202

DR. KINNE'S NEW TRUSS—cheap, clean, durable and comfortable. Invaluable, especially for infants, for its cleanliness, a wet sponge being sufficient always to clean it thoroughly. Need never be removed for bathing, as water will not injure it. One Truss will last a lifetime, and from the peculiar properties of the material of the pads, they are cooler, more comfortable, and altogether better than the ivory, hard rubber, or any other kind of pad.

Pamphlets, with full descriptions and illustrations, may be had gratis by applying to

KINNE & PHILLIPS,
202 182 Broadway, and 2 John Street

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1860–61.

FACULTY.

T. L. BUCKINGHAM, D.D.S.
Professor of Chemistry and Metallurgy.

J. H. McQUILLEN, D.D.S.
Professor of Anatomy and Physiology.

WILLIAM CALVERT, D.D.S.
Professor of Mechanical Dentistry.

J. L. SUSSEROTT, D.D.S.
Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.
Professor of Dental Physiology and Operative Dentistry.

D. H. GOODWILLIE, D.D.S
Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S.
Demonstrator of Mechanical Dentistry.

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

For further information, address

W. CALVERT, Dean,
133 North Eleventh street,
197—ew13t Philadelphia.

A COURSE OF INSTRUCTION IN ANALYTICAL CHEMISTRY, therapeutical and practical, and with the especial view to the wants of the physician, will be commenced early in July. The course will close with the Analysis of Animal Fluids, Blood, Urine, &c.

Applications to be made at the laboratory of

J. M. MAISCH,
800 Arch Street.
Organic and Inorganic Analyses promptly attended to. 190

Sept. 18, 1860.

TO

Physicians and Druggists.

THE UNDERSIGNED, HAVING PERFECTED HIS ARRANGEMENTS FOR EXTENDING THE MANUFACTURE OF THE VARIOUS

HYPOPHOSPHITES,

[AFTER THE ORIGINAL FORMULA OF DR. CHURCHILL]

Is now prepared to supply the Medical Profession, and Druggists, with his *chemically-pure* and *reliable* Preparations of these SALTS, in all quantities, and at the shortest notice.

It must be obvious to every candid and thoughtful physician, that the importance of *pure remedies*, in the treatment of disease, cannot be overrated, or too strongly insisted upon; as, upon this *point*, absolutely depends their therapeutical value.

The professional, as well as non-professional person, who reads Dr. CHURCHILL'S TREATISE and the accompanying documents, with ordinary care, will at once perceive how essential it is that the HYPOPHOSPHITES should be perfectly free from excess of *lime, carbonates, phosphates, &c.*, the presence of which, *even in small quantities*, renders them "ENTIRELY UNFIT FOR MEDICAL USE."

In regard to my "Preparations," I need only refer to the uniform testimony of the Medical Profession in their favor, wherever they have been used. They are now considered THE STANDARD PREPARATIONS OF THE HYPOPHOSPHITES IN THE UNITED STATES.

WINCHESTER'S GENUINE PREPARATIONS.

Price List.---Terms Cash.

HYPOPHOSPHITES OF LIME AND SODA.....(combined).....	7-oz. bottles,	$1 00
" " " .....do.....	16-oz. "	2 00
HYPOPHOSPHITE OF POTASSA.....	7-oz. "	1 00
" MANGANESE.....	7-oz. "	1 00
" QUININE.....	7-oz. "	1 00

☞ Physicians and Druggists supplied by the dozen, or larger quantities, at the usual discount.

PURE SOLUTIONS OF THE SEPARATE SALTS.

For Physicians' Prescription Only.

HYPOPHOSPHITE OF LIME.....	6-oz. ground stoppered bottles,	$1 00
" SODA.....	6-oz. " "	1 00
" POTASSA.....	6-oz. " "	1 00
" MANGANESE.....	6-oz. " "	1 00
☞ Prices to the Trade, invariably, by the dozen.....		8 00

DRY SALTS.

HYPOPHOSPHITES OF LIME, SODA, AND POTASSA, each, per ounce, net..	$0 50
" MANGANESE.....	0 50
" QUININE, in ¼-oz. bottles.....	1 50

N. B.—The use of *Hypophosphite of Iron*, in Consumption and Chlorosis, is considered to be contra-indicated, and I do not, therefore, prepare this salt. (See opinions of Dr. CHURCHILL and M. TROUSSEAU, in TREATISE.)

☞ Orders for my Preparations can be addressed to either of the Wholesale Drug Houses of New York; to my Wholesale Agents, or to

J. WINCHESTER,

At the Sole General Depot, 43 John street, N. Y.

DR. CHURCHILL'S TREATISE ON CONSUMPTION.

Second Edition---With a Copious Appendix,

IS NOW READY, containing the Report of Dr. Quain, of the Brompton Consumption Hospital, London, adverse to the use of the Hypophosphites, with an Analysis of the Report, by the Publisher: also, the Chemistry of the Hypophosphites: Reports of Cases, by Drs. Townsend, Walton, Benj. Weeks, Gibbs, and numerous others in America: Dr. Dickson, and others, of Great Britain—ALL sustaining Dr. CHURCHILL, and enthusiastically testifying to the INVARIABLE EFFICACY of his TREATMENT. Sent GRATIS to Physicians and Invalids. Address

J. WINCHESTER, Publisher, 43 John st. N. Y.

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P. . . . $0 37½
Aloes et Assafœt: U. S. P. . 37½
Aloes et Ferri . . . 37½
{ Pulv: Aloes, Socot: ½ gr. " Zingib: Jam: 1 gr. Ferri Sulph: Exsic: 1 gr. Ext: Conii ½ gr. }
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
{ Pulv: Aloes Socot: " Sapon: Hispan: " Fruct: Colocynth: " Gambogiæ Oleum Anisi }
Anti-bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . 37½
" Comp: (Plummer's) 3 grs. . 37½
{ Calomel Oxysulph Antimony Guaiacum Resin }
Calomel et Opii . . . 37½
{ Calomel 2 grs. Opium 1 gr. }
Cathart: Comp: U. S. P. . . 37½
Cinchon: Sulph: 1½ grs. . . 50
Cook's, 3 grs. . . . 37½
{ Pulv: Aloes Soc: 1 gr. " Rhei 1 gr. Calomel ½ gr. Sapo Hispan: ½ gr. }
Colocynthidis Comp: 3 grs. . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . . 37½
Copaibæ et Ext: Cubebæ . . 37½
{ Pil: Copaibæ, 3 grs, Ext: Cubebæ 1 gr. }
Copaibæ Comp: . . . 37½
{ Pil: Copaib: Resin Guaiac: Ferri Cit: Ext: Cubeb: }
Fel Bovinum, . . . 50
{ Inspisated Oxgall 2 gr. Powd: Jamaica Ginger, 1 gr. }
Ferri (Quevenne's) 1 gr. . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . 37½
Ferri Comp: U. S. P. . . 37½
Ferri Iodid: 1 gr. . . . 50
Ferri Lactat: 1 gr. . . . 37½
Ferri et Strychniæ . . . 62½
{ Strychniæ 1-60 gr. Ferrum per Hydrogen (Quevenne's) 2 gr. }

PIL: Ferri Valer: 1 gr. . . . 75
Ferri et Quin: Cit: 1 gr. . . 50
Ferri et Strychniæ Cit: 1 gr. . . 37½
{ Strychnia Cit: 1-50 gr. Ferri Cit: 1 gr }
Galbani Comp: U. S. P. . . 37½
Hooper (Female Pills) . . 37½
Hydrargyri, U. S. P. 3 grs. . 37½
Ipecac et Opii, 3½ grs. . . 37½
Pulv: Doveri, U. S. P.
Opiii, U. S. P. 1 gr. . . 37½
Opii et Camphoræ . . . 50
{ Pulv: Opii, 1 gr. Camphoræ, 2 grs. }
Opii et Plumbi Acet: . . 37½
{ Pulv: Opii, ½ gr. Plumbi Acct: 1½ grs. }
Quiniæ Sulph: 1 gr. . . . 75
Quiniæ Sulph: 2 grs. . . 1 25
Quiniæ Comp: . . . 1 00
{ Quin: Sulph: 1 gr. Ferrum per Hydrogen (Quevenne's) 1 gr. Acid Arsenious 1-60 gr. }
Quiniæ et Ext: Belladon: . . 75
{ Quiniæ Sulph: 1 gr. Ext: Belladon: ½ gr. }
Rhei, U. S. P. . . . 37½
Rhei Comp: U. S. P. . . . 37½
Scillæ Comp: U. S. P. . . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
{ Pulv: Aloe Scott: Gum: Mastich: Flor: Rosæ }
Zinci Valerian: 1 gr. . . 75
GRANULES, Acid: Arsenious, 1-20 gr. . 25
" " 1-50 gr. . 25
Aconitia, 1-60 gr. . . . 50
Atropia, 1-60 gr. . . . 50
Corrosive Sublimate, 1-12 gr. . 25
Digitalin, 1-60 gr. . . . 50
Elaterium (Clutterbuck's) 1-10 gr. 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr. . 25
" Nux Vomica, ½ gr. . . 37½
Mercury Iodide, ¼ gr. . . 25
" Red, 1-16 gr. . . . 25
Morphia Sulphate, 1-10 gr. . . 37½
" " 1-6 gr. . . 50
" Valerianate, ⅛ gr. . . 62½
Quinia Valerianate, ½ gr. . . 1 00
Silver Nitrate, ¼ gr. . . 37½
Strychnia, 1-20 gr. . . 37½
" 1-40 gr. . . 37½
Veratia Sulphate, 1-12 gr. . . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 180, 1y

J. M. MIGEOD,

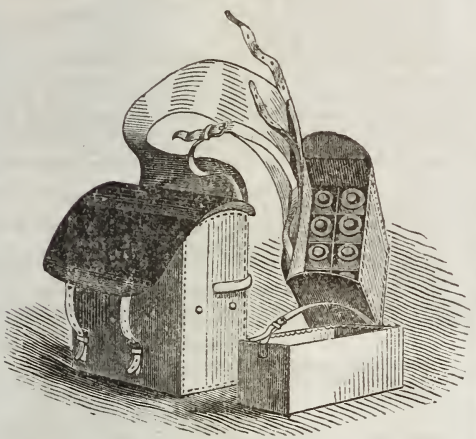
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1,	containing	12	1 oz. Ground Stop. Bottles and 12 ½ oz. " "			$9 50
No. 2,	containing	10	1 oz. " " and 10 ½ oz. " "			8 50
No. 3,	containing	8	1 oz. " " and 8 ½ oz. " "			7 50

Box Pattern, with Trays to Lift Out.

No. 4,	containing	24	1 oz. Ground Stop. Bottles,		$10 50
No. 5,	"	20	1 oz. " "		9 50
No. 6,	"	16	1 oz. " "		8 50

Pattern with Drawers in Ends.

No. 7,	containing	24	1 oz. Ground Stop. Bottles,		$10 50
No. 8,	"	20	1 oz. " "		9 50
No. 9,	"	16	1 oz. " "		8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1,	containing	27	1 oz. Ground Stop. Bottles,			
"	"	18	½ oz. " "			
"	"	4	Pots, " "	and		
"	"	1	Mortar, " "			$19 00
No. 2,	containing	21	1 oz. Ground Stop. Bottles,			
"	"	14	½ oz. " "			
"	"	4	Pots, " "	and		
"	"	1	Mortar, " "			$15 50
No. 3,	containing	18	1 oz. Ground Stop. Bottle			
"	"	10	½ oz. " "	and		
"	"	4	Pots, " "			$12 00
No. 4,	containing	20	1½ oz. Ground Stop. Bottles and			
"	"	2	Pots, " "			$8 50
No. 5,	containing	15	1 oz. Ground Stop. Bottles,			$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1,	containing	9	1½ oz. Ground Stop. Bottles,			
"	"	18	1 oz. " "			
"	"	18	½ oz. " "			
"	"	4	Pots, " "	and		
"	"	1	Mortar, " "			$20 00
No. 2,	containing	7	1 1½ oz. Ground Stop. Bottles,			
"	"	14	1 oz. " "			
"	"	14	½ oz. " "			
"	"	4	Pots, " "	and		
"	"	1	Mortar, " "			$16 50
No. 3,	containing	14	1 oz. Ground Stop. Bottles,			
"	"	14	1½ oz. " "	and		
"	4	4	Pots, " "			$13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,
Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

DENTAL INSTRUMENTS—TEETH.

JOHN KLINE,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, FINDINGS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 188

COLLEGE OF PHYSICIANS AND SURGEONS,

CORNER 23d STREET AND FOURTH AVENUE,

NEW YORK.

FIFTY-FOURTH SESSION 1860-'61

EDWARD DELAFIELD, M. D., President of the College, and Professor Emeritus of Obstetrics.

ALEXANDER H. STEVENS, M. D., LL.D, Professor Emeritus of Clinical Surgery.

JOHN TORREY, M. D., LL.D., Professor Emeritus of Chemistry and Botany.

JOSEPH MATHER SMITH, M. D., Professor of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudenca.

ALONZO CLARK, M. D., Professor of Pathology and Practical Medicine.

JOHN C. DALTON, Jr., M. D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Professor of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOTT, M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy and Curator of the College Museum.

The Fall Course will commence on Monday, 24th September, and continue until 22d October.

This course is *free* to the Matriculated Students of the College.

The Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures, $105. Graduation Fee, $25. Demonstrator's Fee, $5. Matriculation Fee, $5.

JOHN C. DALTON, Jr., M. D.,
Secretary of the Faculty.

192—3m.

NEW YORK MEDICAL COLLEGE,

No. 90 East 13th street, near Fourth Avenue.

ELEVENTH SESSION, 1860-61.

FACULTY.

Robert Ogden Doremus, M. D., Professor of Chemistry.

John Murray Carnochan, M. D., Professor of Clinical and Operative Surgery.

D. Meredith Reese, M. D., L.L. D., Professor of the Theory and Practice of Medicine and Medical Jurisprudence.

B. I. Raphael, M. D., Professor of the Principles and Practice of Surgery and Surgical Pathology.

A. K. Gardner, M. D., Professor of Clinical Midwifery and Diseases of Women.

Jno. O. Bronson, M. D., Professor of Anatomy.

Chas. A. Budd, M. D., Professor of Theory and Practice of Midwifery.

A. Jacobi, M. D., Professor of Infantile Pathology and Therapeutics.

B. L. Budd, M. D., Professor of Toxicology.

*** The Chairs of Physiology and Materia Medica are vacant, but will be filled in time for the opening of the Session.

Fowler Prentice, M. D., Demonstrator of Anatomy.

Thos. A. Whitney, Assistant Demonstrator.

James H. Brush, M. D., Prosector to the Professor of Surgery.

Simeon Abrahams, M. D., Assistant to the Professor of Surgery.

The Preliminary Course by the Faculty will open on Monday, September 17th, with daily lectures and cliniques, and be free to all matriculants

The Regular Session for 1860-61 will commence on Monday, October 15th, and continue until the middle of March, with four lectures on each day, in addition to daily cliniques on Medicine, Surgery and Obstetrics, conducted by the Faculty.

Demonstrative and Practical Teaching will be a distinctive feature in this School, especially in *Chemical Analyses, Operative Surgery*, and *Practical Anatomy*.

FEES.

For a full Course of Lectures, $105; Matriculation, $5; Demonstrator's fee, $5; For final examination for a degree, $30.

Good boarding may be had in the vicinity of the College, at from $3 to $4 per week.

Further information may be obtained by addressing the undersigned, No. 70 Union Place, New York.

R. O. DOREMUS, M. D.,
Dean of the Faculty.

202

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1860-'61.

FACULTY.

B. Howard Rand, M. D., Professor of Chemistry.
Henry Hartshorne, M. D., " Practice of Medicine.
Lewis D. Harlow, M. D., " Obstetrics, &c.
William S. Halsey, M. D., " Surgery.
Wm. Hembel Taggart, M. D., " Materia Medica.
James Aitken Meigs, M. D., " Institutes of Medicine.
Wm. H. Gobrecht, M. D, " Anatomy.
Theodore A. Demmé, M. D., Demonstrator of Anatomy.

The session of 1860-'61 will commence on Monday, 8th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

The Rooms for Practical Anatomy will be open early in September.

A Medical, Surgical, and Obsterical Clinic, is held at the College every Wednesday and Saturday.

Each second course Student is furnished with a ticket to the Pennsylvania or Philadelphia Hospital, *free of charge.*

Examinations are conducted daily by each Professor in his Department.

☞ Instead of the usual Introductory Lectures there will be but *one general Introductory;* after which the regular Lectures of the course will commence *without delay.*

FEES.

Matriculation, (paid once only,) - - -	$5 00
For each Professor's Ticket, - - - -	15 00
Graduation, - - - - - - - -	30 00

LEWIS D. HARLOW, M. D., *Dean,*
No. 1023 *Vine, below* 11*th Street.*

199—eowt01

DAILY WINTER EXAMINATIONS

IN CONNECTION WITH THE LECTURES

Delivered in the Jefferson Medical College

BY

D. D. RICHARDSON, M. D.,

Senior Resident Physician to Philadelphia Hospital, Blockley, and Demonstrator of Anatomy in Philadelphia School of Anatomy, and

JNO. W. LODGE, M. D.,

Formerly Resident Surgeon to Philadelphia Hospital, Blockley.

The Course of Instruction will embrace a full series of Examinations, which will be held each day at 9 A. M. and 3 P. M.

On the first of January the Review Examinations will be commenced, and continued during the lectures, thereby bringing the whole course delivered in *Jefferson Medical College* several times before the class, prior to their final examination by the Professors.

ORDER OF EXAMINATION.

Chemistry, Materia Medica, Obstetrics, } Dr. Richardson.

Physiology, Practice of Medicine, } Dr. Lodge,

By arrangement, our Class will be admitted to Dr. Agnew's Examinations on Anatomy and Surgery.

Especial attention will be given to preparing students for the Medical Staff of the Army and Navy.

No effort will be spared in contributing to the thorough preparation pnd advancement of our class.

Dr. Richardson being Demonstrator of Anatomy at Dr. Agnew's, will enable him to assist the Class in their anatomical studies.

For further information, address

J. W. LODGE, M. D.,
123 South Seventh Street, Philadelphia, Pa.

198—ew Fee for the whole Course, $30.

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 204. } PHILADELPHIA, SEPTEMBER 15, 1860. { NEW SERIES VOL. IV. NO. 24.

ORIGINAL DEPARTMENT.

Lectures.

Clinical Lectures on Diabetes Mellitus.

Delivered at Pennsylvania Hospital, September 5th, 1860, by J. F. Meigs, M. D., *one of the Physicians.*

(Reported for the Medical and Surgical Reporter.)

Gentlemen:—Having at our last meeting spoken of the symptoms, course, and nature of the disease in considerable detail, I now pass on to a consideration of its *treatment.*

From the time when the disease was first recognized and known, very various modes of treatment have been, at different times, proposed and tried. Rollo introduced the treatment of an exclusive animal diet, in order to lessen or prevent the formation of sugar. This treatment has been frequently resorted to, and, upon the whole, it has been the favorite plan. But it must be recollected that it is an exceedingly difficult method, requiring a great deal of perseverance and mental energy on the part of the patient, and strict surveillance on the part of his physician and attendants.

You will remember that I alluded, at the last lecture, to the theory of Mialhe, who supposes that acidity of the blood is the cause of diabetes, because this condition prevents the normal metamorphosis of glucose into other materials. Acting upon this theory, both he and M. Bouchardat strongly recommend the administration of alkalies in this disease, so as to remove that acidity and further the transformation of glucose into sugar, then in the lungs into lactic acid, which decomposes the carbonates of soda and potassa in the blood, setting free carbonic acid on one hand and forming the lactates of potassa and soda on the other. Mialhe recommends this treatment highly, and states that he has found it very useful. He sends his patients to the Vichy springs, which contain a considerable quantity of alkalies; or, if that cannot be done, he administers daily from 2½ to 5 drachms of bicarbonate of soda.

Grisolle, who is one of the most eminent and practical French physicians, says that this method, in combination with proper regimen, has been found of service in his hands; without regimen, it failed. M. Bouchardat himself states that it failed in severe cases; it was useful only when the quantity of sugar, excreted in the 24 hours, was moderate. In severe cases, Bouchardat, after comparative trials, prefers the carbonate of ammonia very much to the bicarbonate of soda.

To conclude, I think that Grisolle is right when he says that alkalies may prove useful; but alone they always, or usually, fail, and must be considered merely as accessory means.

Diet.—An exclusive animal diet is, as has been already stated, extremely fatiguing to the patient, and yet it is most important. Fatty substances are said to be useful. Bernard says, that, under an exclusive fatty alimentation, the sugar diminishes in the liver of the animal, as though it had been starved. It is essential that the patient should have as little bread and feculent food of any kind as possible. With this view, Bouchardat has proposed a bread made of gluten, which is said to be light, and to contain only ⅛ of fecula. He also allows a generous Bordeaux or Burgundy wine drank with the Spa, Seltzer, or

Vichy water. He objects to beer as well as lemonade or milk, because they contain sugar; cream, he thinks useful and safe, and also cheese. He advises particular attention to be paid to the skin, which is to be kept warm by flannel, etc., and lays stress upon the employment of diaphoretics to restore the action of the skin, so as to favor the elimination of lactic acid from the blood, which he supposes to contribute to the diabetic condition. He gives carbonate of ammonia, at bed-time, in doses of 15 to 20 grains, alone, or combined with an equal quantity of theriac and the confect. opii.

Besides this, he recommends exercise in the open air, if the patient has strength enough; some light country-work is considered useful. Under this latter circumstance, he has observed that some patients can take feculent aliment with impunity. When the patient is anæmical, iron and bitters are, of course, proper remedies.

With the above treatment, Grisolle says he has ameliorated the disease; and in one case, for five or six years, one patient was rendered so much better as to enable him to follow his profession. Yet he admits of not having seen a definitive case. M. Bouchardat, however, has seen several cases in which the sugar disappeared from the urine, at least for a time. Grisolle says that he is convinced that the above treatment of Bouchardat is the best we are acquainted with.

Another mode of treating this disease, is that based upon chemical theories. As I stated to you in the last lecture, it has been supposed, that, in the healthy condition, the sugar formed in the stomach and liver, and found normally in the blood of the right side of the heart, is, in the lungs, converted into lactic acid, which is isomeric with glucose or sugar of starch; isomeric, or isomerism, being, as you know, an epithet applied to different bodies, which agree in composition, but differ in properties. Headland, in his ingenious and philosophical work on the "Action of medicines in the system," says, that, for the medical cure of diabetes, it is supposed that what we have to do is to convert diabetic sugar, *i. e.* glucose, into lactic acid. He says that it is clear, that, if the process of changing glucose into lactic acid were to stop short with the formation of glucose, the condition of the blood that exists in diabetes would result. This sugar cannot be put to any use, and is therefore excreted as fast as formed.

Now, it has been found, that, out of the body, rennet converts sugar into lactic acid; and, building upon this fact, Dr. Gray, of Glasgow, recommended and tried rennet in teaspoonful doses after each meal. Bennett states that Dr. Gray published three cases, in two of which it occasioned an apparent cure. He adds, that, on these grounds, it was given in several cases admitted into the royal Infirmary of Edinburgh, but without success. Headland has also recommended that fresh milk, (as it does not seem proved that its milk-sugar is liable to conversion into glucose, or excretion in the urine,) be consumed freely as an article of diet; and he advises that, at the same time, milk, *just turned sour*, should be administered, as a therapeutic agent, because this, he thinks, has a decided tendency to induce or facilitate the conversion of diabetic sugar into lactic acid, acting in a *quasi* catalytic manner. He states that this recommendation has since been adopted in several cases with much success.

Yeast, also, has been proposed as a ferment likely to forward the development of grape-sugar; of this Headland says that it has two important objections. It tends to transform the sugar into alcohol instead of lactic acid, and it operates only in the stomach, whereas it is in the blood that we desire the catalytic action of a ferment.

After these numerous, and, I fear, wearisome, explanations, I shall turn to the little work of Dr. Camplin, in which we have a most admirable record of the observations, experience and opinions of an intelligent physician, who, himself a sufferer from the disease, here shows us how he has managed his own case, and that of others, so successfully, as to constitute what amounts virtually to a recovery, though he finds that, after fourteen years of trial, he is still obliged to live,

to a certain extent, by rule and method, to avoid a recurrence of the disorder.

Dr. Camplin has never found it necessary to disallow the use of milk; the sugar contained in it does not pass into glucose readily, or under ordinary circumstances; and it has been observed that the fresher the milk, the less liable is its sugar to be transformed into diabetic sugar. In regard to vegetables, Dr. Camplin confined himself almost entirely to *cruciferæ*, the young cabbage being at once the cheapest and the best for ordinary use. Cauliflowers, broccoli, Brussels sprouts, etc., give considerable variety. Dr. Pereira recommends sour krout.

Tea, according to Dr. Camplin, is to be preferred to coffee in a majority of cases. Instead of wine or malt liquors, a small quantity of brandy and water, not above a tablespoonful of the former may be used. Sponging with tepid water, followed by friction, is highly spoken of by the same author. Warm clothing, a leather waistcoat, woolen and flannel are very important.

I know, says Dr. Camplin, of no specific remedy for the disease; but of the remedies resorted to in his own case, and that of others, citrate of ammonia in the effervescent form, generally combined with the citrate of iron, is spoken of more highly than any other particular remedy. Bitters and alkalies did him great service, at one period of the attack. Opiates are useful in some cases where the quantity of urine passed is very great, to give a temporary check; beyond that, Dr. Camplin thinks them objectionable. Cod liver oil has not yielded any very satisfactory results. As an occasional remedy, he found ammonia, in combination with infus. cascarillæ, or camphor mixture, very useful.

The dietetic part of the treatment, however, being our chief reliance, it is of great importance to know what we shall substitute in the place of those articles, which like bread, form a very large bulk of our diet in health, and when exclusive animal food cannot be borne. Dr. Camplin speaks very highly of the beneficial effects of the *bran cakes*, used freely, instead of bread, with meat, milk and such vegetables as we have above mentioned.

To show the remarkable effects of this bran cake, I will read you a short extract from Camplin's book:

"June 25th, 1855, (after having had the disease over ten years.) I went on well, notwithstanding a pretty free use of food containing starch, until November last, when the cold winds set in and my old symptoms gradually returned. When they had attained considerable severity, they were partially checked by additional warm clothing, and restriction to a very small quantity of brown bread; at length this failed, and on the 5th of March, the specific gravity of the morning urine being 1.041, that of the afternoon 1.035, the quantity very considerable, with dry mouth, and tenderness in the back, particularly over the right kidney, it began to be time to take some decisive step; and I resumed the bran cake. The effect was immediate. On the 8th, the morning urine was scarcely 1.020, the afternoon 1.015, the quantity normal; and although taking no bread and less meat, I was already beginning to regain flesh; that the change was owing to the substitution of the cake for the brown bread was sufficiently obvious, as the weather continued cold, with a prevalence of north-east winds, and I had still considerable remains of catarrh."

These remarkable, almost magic effects of the bran cake in this disease, combined, of course, with an otherwise proper regimen, as detailed by Dr. Camplin, induced me to give the bran cake a trial, and I have here the notes of the progress of the case of a very intelligent gentleman, who in his own case kept a faithful daily record. I will read you some extracts:

Date. 1859.	Quantity of urine.	Spec. grav.	Remarks.
July			
1	3 quarts, 1 pt.	.43	Clear and warm.
2	5 " 13½ oz.	.41	Warm with heavy showers.
3	3 " 12 "	.47	Raining and disagreeably cold.
4	3 " 1 pt., 13 oz.	.42	Clear day, but cold.
5	3 " 1 " 7 "	.45	" " "
6	4 " 12 "	.44	Cloudy and raining.
7	5 " 1 " 7 "	.44	Bright and clear, but damp.
	Commenced using bran cake.		
8	1 " 8 oz.	.30	Clear.
9	1 " 4 "	.28	Clear.
10	1 " 6 "	.26	Clear and warm.

Whenever this patient would stop the bran cake and indulge himself, the urine would increase in quantity; but a return to it is immediately followed by a diminution. Under date of September 5, 1860, this patient writes:

"I still have the diabetes entirely under my control; am able to attend to my business without fatigue, have gained in weight and muscle since you saw me, but cannot depart from my diet two days, without feeling the effects. I am perfectly satisfied from my own experience during the past year, that if a man could eat fresh meat, cabbage and cauli-flowers and drink nothing but water, (not even milk) he could get along without the bran cake; but the bran cake is a great assistance at breakfast and supper in eating eggs, meat, cheese and fresh fish."

This is the formula which Camplin gives for bran cakes:

Take a sufficient quantity (say a quart) of wheat bran, boil it in two successive waters for a quarter of an hour, each time straining it through a sieve, then wash it well with cold water (on the sieve,) until the water runs off perfectly clear; squeeze the bran in a cloth as dry as you can, then spread it thinly on a dish, and place it in a slow oven; if put in at night let it remain until the morning, when, if perfectly dry and crisp, it will be fit for grinding. The bran thus prepared must be ground in a fine mill and sifted through a wire sieve of such fineness as to require the use of a brush to pass it through; if grinding once is not sufficient, it must be ground again until quite soft and fine. Take of this bran powder 3 oz. three new-laid eggs, 1½ (or 2 oz. if desired) of butter, and rather more than half a pint of milk, mix the eggs with a little of the milk and warm the butter with the other portion; then stir the whole well together, adding a little nutmeg and ginger, or any other agreeable spice. Bake in small tins (pattipans,) which must be well buttered, in a rather quick oven for about half an hour. The cakes when baked, should be as thick or a little thicker than a captain's biscuit; they may be eaten with meat or cheese for breakfast, dinner, and supper; at tea they require rather a free allowance of butter, or may be eaten with *curds* or any of the soft cheeses."

One of the patients at present in the hospital suffering from this disease is R. M. K., a woman, born in Ireland, 37 years of age. She was married at sixteen, and has had seven children. She has been a widow ten years.

She was first taken sick seven years ago, when living out as child's nurse and continued very sick for two months, the disease being as we ascertained on a previous occasion, pleurisy.

Early last spring she ceased to menstruate, and about the same time began to be very thirsty and her abdomen grew larger. She became very weak and had to go to bed, lost appetite, flesh and strength. In that condition she remained until she came to the hospital. She passed 10 quarts of urine in 14 hours, which, on examination, exhibited a large amount of sugar.

The *treatment* resorted to in her case was egg and milk in the morning and evening; meat at dinner, and *bran bread.* She also takes the following:

No. 1.—℞ Acid. Citric. gr. xvii.
Lemon. i; Aquæ f ℥iii. M.

No. 2.—℞ Ferri et Ammon. citrat. ℈ii.
Ammon. Carb. gr. Civ. M.
Aquæ f ℥iv.

Dose, a tablespoonful of each mixed together, after meals.

On August 16th, the specific gravity of the urine was 10.31, the amount passed in 24 hours, 24 pints.

August 24th, passed 12 pints.
" 27th, " 11 "
" 31st, " 11 "

September 1st, Spec. gr. 1,034½.

With the specific gravity at 1,035 she was passing 81.55 parts of solid matter, instead of 67 parts, which is the normal standard. This is ascertained by Christison's rule, in multiplying the excess over 1000 parts by 2.33.—So $35 \times 2.33 = 81.55$.

Since the last record, gentlemen, there has been a considerable diminution of the urine in this patient with the diet and treatment under which she has been placed, and she is gaining flesh, and presents generally a better appearance. She is now taking the bran cake as a regular article of food.

Dr. John H. Tate has been elected Professor of Obstetrics in the Cincinnati College of Medicine and Surgery.

Communications.

Elytrorrhaphy;—Four Operations to Narrow the Vagina by Partial Excision of its Walls, and Application of the Silver Suture in Cases of Severe Procidentia Uteri, with Eversion of the Vagina.

By G. Grant, M. D.,
Of Newark, N. J.

(*Continued from page* 473.)

Case 2d.—R. O'R., æt. 26 years, had had complete procidentia for ten months, occuring about a year after her last confinement. She has had three children, at full term, and since the procidentia occurred, one miscarriage, while the womb was completely prolapsed. Her confinements were rapid—never over an hour, once not over fifteen minutes. Her pelvis is very large, her general health good, and physique excellent.

Nov. 1st, 1859. Operated, as in the first case, assisted by Doctors Coles, Dodd, L. G. Thomas, D. S. Smith, and J. D. Osborne. On the 15th day, applied a pessary, as in the other case, and permitted her to rise from her bed.

Dec. 8th. The uterus has not descended, though she has been continuously engaged about her household duties, standing or walking constantly, and straining in defecation from constipation of the bowels, to which she is subject. She feels well, and is quite confident of success.

Dec. 18th. Everything has continued as before; no sign of descent.

Jan. 20th. The pessary is still worn, but she had occasionally removed and kept it out for a length of time, with no tendency whatever to descent. Before the operation a pessary was entirely inadequate to sustain the organ. The relief is perfect.

Case 3d.—C. K., 40 years of age. Has had 12 children; always hard labors. She had prolapsus uteri after the birth of her second child, sixteen years ago, which was cured by remedies to her unknown. Toward the latter part of 1857 she was in labor with a footling case, complicated by convulsions. About six weeks after confinement, the womb descended, and never returned.

I saw the patient on February 25th, 1860, at the request of Dr. Wm. S. Ward, her physician. Her countenance was sallow, expressing suffering and anxiety. She complained of great distress in the back, nausea and great difficulty of walking or standing, which gave her much pain.

Upon examination there was found complete procidentia uteri; os uteri enlarged, so as to be almost the size of the fundus; leucorrhœal discharges from the cavity of the uterus, and ulcerations about the neck and os.

Feb. 27th. Operated, with the assistance of Drs. Ward, Coles, Dodd, O'Gorman, Marsh, Smith, Thomas, and Woodhull, the patient being under the influence of chloroform. The operation was the same as above, that of Marshall Hall, modified by Ireland. Five silver sutures were used. I visited the patient daily for two weeks. There was a slight retention of urine for the first twenty-four hours, which was relieved by the application of warm cloths over the pubes. No fever, nor any constitutional excitement or disturbance occurred.

March 2d. Removed the ligatures; prescribed a solution of ammonia, iron, and alum, an ounce of the salt to a pint of rain water, to be used as an injection into the vagina, to restrain the leucorrhœa and aid in the process of cicatrization. The patient has remained in bed until this time. To-day placed the patient standing upon the floor, and found the womb fast in its proper position, vagina contracted, and cicatrix perceptible.

April 1st. The patient was supplied with a pessary, to be worn for some months. She was allowed to go about her daily employment.

Aug. 17th. The patient is and has been entirely relieved since the operation, now six months. There is no indication of a descent of the womb.

Case 4th.—Mary M., æt. 42; widow for four years. The patient has had five children. The first two and the fourth were stillborn. The third lived one month, and the fifth three months. Her labors had always been hard. It is seven years since she had her last child. Three years and three months ago, com-

plete procidentia occurred suddenly, after a strain, without any precursories.

Various pessaries have been tried in her case, but without avail. For the last three months the womb has not been reduced. Upon examination, the uterine tumor is found completely without the vulva, congested and enlarged to a size of four inches in its transverse, and six inches in its conjugate axis. The os uteri was ulcerated to the size of a circle of two inches in diameter. The organ was tender and painful to the touch, blue from the muscular tension and partial strangulation to which it was subjected. The patient presented a very pale and anæmic appearance.

An operation, similar to those already described, was performed August 25th, 1860, assisted by Drs. L. A. Smith, Woodhull, Cross, E. P. Nichols, Lehlbach, Tichenor, and E. D. G. Smith, the patient being under anæsthesia by ether and chloroform. Five ligatures were used.

Sept. 1st. One week after the operation, no untoward symptom; uterus in situ.

Sept. 8th. Ligatures removed; cicatrix formed; the womb remains in its proper place; the patient is as yet in bed, but is rapidly recovering health and vigor.

The following drawings, illustrating the last case, will show the mode of operation.

Fig. 1.

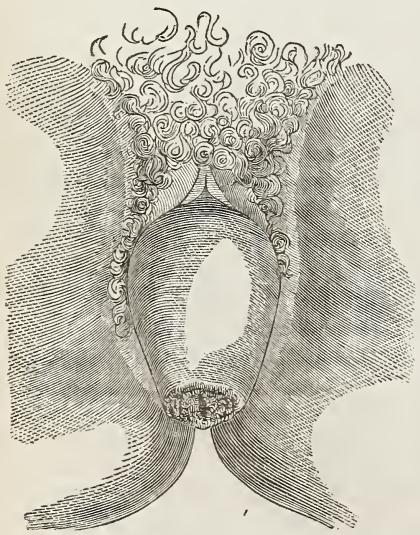


Fig. 1, presents the uterus as prolapsed, enormously congested and enlarged, with ulcerated and hypertrophied os.

Fig. 2.

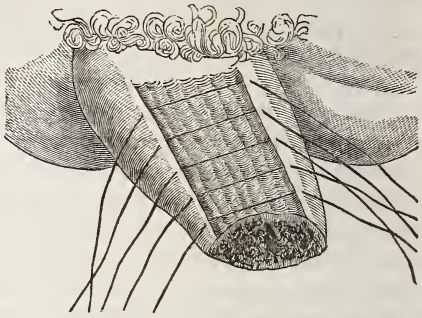


Fig. 2 shows the parts after exsection of a portion of the vaginal walls, the edges of the wound being perforated by the silver sutures, and the prolapsed mass ready to be reduced, after which the sutures are to be drawn tight by a proper instrument, so as to approximate the edges of the wound.

This operation, which in the cases above described has been very successful, bears the name of Marshall Hall, by whom it is said first to have been suggested. It is, however, a disputed point with whom it originated. Chelius, in Syst. Surgery, vol. ii., p. 379, says that Velpeau, in a clinical lecture, credits Gérardin with its authorship, who described it in a memoir which he presented to the Medical Society of Metz or Nancy, but was never published. He proposed to contract the vagina, and if necessary even to obliterate it in women in whom the catamenia had ceased. He found many opponents to his ideas, which were rejected. Velpeau does not mention in what manner it was proposed to effect the contraction of the vagina, neither does Gérardin himself, in his letter to the Academy, (Gaz. Med., vol. iii., p. 515,) in which he says that before 1823 he had proved that the pessary might be replaced, and the cure of prolapsed womb be effected, by a surgical operation. It is therefore just possible, though not very probable, that Marshall Hall might have been aware of Gérardin's suggestion, before he proposed and had his operation performed by Hemming, in the autumn of 1831.

The present State of Ophthalmoscopy.

By Max Kuechler, M. D.
Of Newark, N. J.

No. 5.

The foramen opticum scleroticæ and choroideæ forms, analogous to the pupil, a second optic foramen, with this difference only, that the latter serves for the transmission, the former, for the reception of light. Thus the foramen opticum serves as a gateway for the luminous impressions of the optic nerve.

It is almost incredible, of how many various diseases this small space, which the optic foramen, with its immediate surroundings, and the intra-ocular end of the optic nerve occupies, may be the seat; and yet it is so.

But in order to correctly describe the forms of disease met with by the ophthalmoscope, it is necessary to say a few words on the normal relations of this region. In order to illuminate the optic pupil, the examining physician is to hold his head straight, the eye to be examined is to be turned somewhat inward, about in the direction of the ear of the same side of the examiner; in other words, if the right eye is to be examined, it ought to be directed towards the right ear of the examiner, and *vice versa*. Surrounded by the red fundus of the eye, already described in a former paper, we see a clear whitish disc. This is the intra-ocular end of the optic nerve. (Fig. 1, c.)

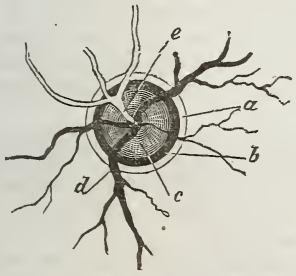


Fig. 1, a, b, c.

An oblique margin (Fig. 1, b,) surrounds this disc, but sometimes not completely; this is the choroideal margin. Outside of this dark margin, and inside of the red background, there is a light circle. (Fig. 1, a.) This is caused by ths scleroid which turns around the optic nerve, and projects somewhat above it, thus forming, when illuminated, the clear scleroidal margin. The breadth and completeness of these margins, especially of the choroideal vary very much in the healthy eye.

The intra-ocular end of the optic nerve is clear and transparent back to the lamina cribrosa, (Fig. 2, a,) where the nerve fibrillæ commence. These somewhat darker fibrillæ give

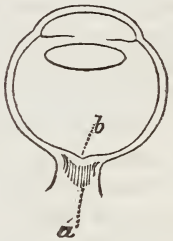


Fig. 2, a, b.

to the transparent intra-ocular part of the optic a slightly shaded appearance, and hence also of a slight convexity. But examinations of the transverse section of the optic have shown that its intra-ocular portion is not convex, but presents in its centre a small excavation.

From the centre of the bright disc—sometimes, however, not entirely concentrically—there arise the arteria and vena centralis retinæ. (Fig. 1, d and e.) The course of these vessels varies, and is perhaps in no two persons the same. The veins are distinguished from the arterial vessels by their darker coloring, and their somewhat straighter course.

The pathological changes of the optic foramen of the scleroid and the choroid, were first studied by Dr. Liebreich. Professor von Ammon has recently taken the subject in hand. But the whole matter, at present, is known more in a pathologico-anatomical, than an ophthalmoscopic point of view. I shall limit myself in this respect, to the description of a few pathological forms which Ammon[1] has described.

Of the congenital diseases of the foramen

[1] Beitræge zur pathologischen Anatomie des intra-ocularen Sehnervenendes behufs der ophthalmoscopischen Diagnose von Krankheiten des Augengrundes. Mittheilung an Hr. Dr. A. v. Græfe, in Berlin, von Dr. v. Ammon, in Dresden.—Archiv.—Band vi., Abth. I.

opticum scleroticæ et choroideæ Ammon adduces:

1. An elongated, sometimes gaping form of the foramen in consequence of insufficient closure of the fœtal slit of the scleroid,[1] during the coalescing process with the fibrous neurolemma.

2. Hypertrophy and inversion of the scleroidal fundus in the neighborhood of the optic foramen, in consequence of pathological processes, especially of parenchymatous inflammation in the scleroid or choroid coat.

3. Isolated hypertrophy of the scleroidal parenchyma without inversion.

As pathological changes of the foramen scleroticæ et choroideæ opt. Ammon adduces:

1. Changes of the round form of the foramen into an elongated form, or diminution of its diameter, in consequence of a chronic inflammation of the choroid, especially on its outer surface, resulting in an agglutination of the choroid with the inner surface of the scleroid.

2. Melanotic deposits upon the periphery of the optic foramen; these deposits, however, not being choroideal pigments.

3. Fungous deposits.

4. It is exceptional that we find in the choroid or scleroid calcifications, or ossifications, inasmuch as they seldom extend to the optic foramen. But they may arise here independently of any affection of both of these membranes.

5. Disappearance of the pigment of the intra-ocular choroideal surface, by which the margin of the choroideal optic foramen fades or disappears.

6. Increased pigmentary, or melanotic deposits, in consequence of which the black choroideal disc around the optic nerve is rendered much more distinct.

7. Softening and gelatinous absorptions around the margin of the optic foramen, taking its origin from the elastic lamina of the choroid.

8. Disappearance of the choroideal margin, and softening with formation of folds at the margin of the optic foramen.

9. Pigmentary deposits protruding from the margins of the foramen opticum choroideæ, analagous to that which takes place on the pupilar margin of the iris, frequently appearing serrated, and covering the exterior contour of the optic nerve.

These are the essential changes of the optic foramen of the scleroid and choroid. It is easily to be seen that, however readily a series of these pathological products may be recognized, there is yet a rich field for observation and study in this respect.

(*To be continued.*)

[1] See Ammon.—Entwicklungsgeschichte des Auges, Band iv., Archiv für Ophthalmologie.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. F. Meigs.

Double Pneumonia. A. E. F., 19 years of age, was admitted August 28th, 1860.

She states that she has never been sick, except an occasional headache. Both her parents died eleven years since, with consumption. About three months ago she had an attack of illness, in which she suffered with severe pains in the chest. She was in bed with fever for two weeks, and confined to her house for two weeks longer. On that occasion, she spit up a large quantity of pure blood—perfectly clear—she says, about a pint.

After this attack, she was for a time in good health until August 24th, when she did not feel perfectly well. On Saturday, next day, she scrubbed out of doors all the morning, till 2 P M. She laid down soon after dinner, in her wet clothes, and soon felt cold; she had a chill, and was seized with acute pain in the left mammary and lateral region, and also in the back.

On Monday afternoon she spit blood, not pure, but mixed with thick phlegm. On Monday evening she got up and walked several squares. After reaching home she went to bed, and spit up more phlegm and blood.

She was admitted into the hospital Tuesday the 28th. I found her with a pulse of 128, small, skin moderately hot; the respiration was very much embarrassed; inspiration *heaving, jerking*, almost spasmodic, with much effort of the muscles of the neck, for instance the sterno-cleido mastoid, etc.; expiration was easy.

There was acute pain in the lateral region; percussion dull over the left scapula, and downward. In this region the respiration is of a distant bronchial character, with occasional rare crepitation. On the right side nothing abnormal was detected.

Ordered ℥vi of blood taken by cups, Pulv. Opii gr. ¼, with Pulv. Dover. gr. ii, every two or three hours; sinapisms, light diet, milk and bread, light soup.

Wednesday, August 29th. The patient is much more comfortable, respiration easier, without the jerking inspiration. The expectoration is not very copious, the sputa viscid, and here and there tinged rusty. The pain in the left side continues. Dulness behind is still marked; at the point of the left scapula, and over the left inter-scapular space, there is strong metallic, bronchial, or tubal blowing respiration, mixed with fine, dry crepitus. Her cough is very painful and violent, expectoration rusty and viscid, not very abundant. Ordered dry cups over the back, and substitute for the pulv. opii, in pills, gr. ss. of antimon. sulph. præcipit. every two hours.

Thursday, 30th. The patient is worse; respiration more frequent and laborious; pulse 140, regular; face flushed, dusky red over the malar bones. Tongue is dryish and furred. On percussion, the dulness over the left back is found to be less. At the point of the scapula the bronchial respiration is rather less metallic, and on inspiration there is a coarser crepitation.

On the right side the percussion sound is very dull from the point of the scapula, and at that part the most beautiful fine crepitation in puffs is heard, limited absolutely to the inspiration. There is a very violent paroxysmal cough. Expectoration is increased, well marked rusty, sputa viscid, adhering in strings to the edge, or closely to the bottom of the cup. There is acute thirst, no diarrhœa, no headache, no epistaxis, no rose-colored spots or gurgling.

The pills are to be continued; wine whey ℥ii every three hours, chicken tea every three hours; blister 6 inches square over the sternal region.

Friday 31st. Better; pulse 108, skin less hot, facial flush not so marked, respiration easier. Percussion sound very dull on right side, on left side clearer.

Continue remedies.

Sunday, September 2d. Much better.

Monday, 3d. Respiration very easy; pulse 92, skin almost natural, soft, some moisture; percussion over left back nearly natural, and respiration vesicular. Over the right back percussion still too dull, though much less so than before, with bubbling râle; cough easier, less frequent, pain very much diminished. Expectoration less in quantity, still viscid, but becoming whitish. Tongue clean and moist, less thrist.

Continue the same treatment, giving pills, only one in 4 hours.

Throughout the whole attack the percussion in the clavicular region was sonorous, and respiration natural, cardiac sounds natural. There were no abdominal symptoms, no delirium, no epistaxis, no eruption. The form of the thorax was good, no flattening in front whatever.

General Remarks. As to the frequency of double pneumonia, Walshe says, that of 1,430 cases of pneumonia, 742 were of the right lung; 426 of the left, and 262 of both organs. Of the cases of double pneumonia,—18.3 per 100 of the whole series—it is to be observed that the great majority were not so from the outset; the implication of the second lung was secondary in point of time. Walshe thinks that the proportion given above is probably too large, as fine bubbling râles have often been mistaken, he thinks, for true crepitation, and a double capillary bronchitis put down as a double pneumonia. The double disease is less common, (1 in 12,) in adults, than in early infancy and childhood.

In 264 cases the upper lobe was affected in 101, the lower lobe in 133, and the middle part 30 times. Pneumonia commencing about the middle of the lungs is rarely primary, but commonly either a sequence of endo-pericarditis or of blood origin,—a fact of obvious practical significance.

Service of Dr. Hartshorne.

[Reported by Edward Livezey, M. D., Resident Surgeon.]

Abscess in the walls of the Abdomen, communicating with the Intestines.

S. H., age 36, by trade a shoemaker, was admitted into the Pennsylvania Hospital June 4th. He stated that for the last five years he had suffered from pains in the back, and a feeling of general debility. About five weeks before his admission, he caught a severe cold, which settled upon his breast; as that left him, he began to complain of soreness in the lower half of the abdomen, which increased to severe pain, with hardening of the whole surface, and tenderness upon pressure. He soon noticed a small tumor, which enlarged slowly, and at the time of his admission formed a considerable swelling, a short distance above the pubes. He was a good deal emaciated and anæmic, and his bowels were costive.

It was thought that the tumor might in some way be connected with the bladder, but on examination this was found not to be the case. The patient was ordered tonics, with good diet and opium at night. The tumified surface was painted with tr. iodine, after the third application of which, poultices were applied, and continued for about three weeks, at which time the integuments began to inflame, and gave evidence of suppuration. For two or three days the swelling enlarged rapidly, and presented the

appearance of a large sac upon the surface of the abdomen, which upon percussion was found tympanitic. It was thought best not to interfere with it, as the integuments showed signs of giving way, and the next day, July 2d, suddenly opened at a point midway between the umbilicus and pubes in the middle line of the abdomen, and discharged a large quantity of thin, flaky pus and gas, having an intensely fæcal odor.

This relieved him very much of his pain and uneasiness, and his general health for a time seemed to improve. His bowels continued costive, but f℥j of castor oil produced a free evacuation, natural in appearance, and containing no pus. A few days after the discharge, an opening appeared in the right iliac region, surrounded by a black slough, and communicating beneath the skin with the first one. The discharge of pus continued, but gradually lost its fæcal odor, and became healthy in appearance.

15th. Appetite and general condition improved; pus perfectly healthy. He was ordered tr. ferri. chl. gtt. xv, ter die, and zinci chl. gr. v. to f℥j of water, was injected daily into the openings.

Aug. 1st. No change, except a diminution in the amount of discharge.

10th. A few days ago he had an attack of diarrhœa, and has had at times, from the central opening, a black discharge, having a fæcal odor, and supposed to come from the intestines.

15th. Rather weaker. Very little discharge of pus, with some fetid gas from the central opening. Complained of sharp pain around the abscess. In that way he continued until the morning of the 22d inst., when he had a free discharge of fæces from the central opening. General condition about the same. Increased his stimulants and diet.

26th. Rather better; has rested well for the last few nights, pulse better. Fæcal matter and gas, with a small amount of pus, continued to pass from the opening.

30th. Not quite so well, pain more violent, appetite not so good, pulse frequent, and not so full as it was.

Sept. 7th. General condition has been about the same. The hardness around the abscess has extended into the left iliac region, and he has complained of more pain for a few days past.

(*The report to be continued.*)

Lacerated wound of the Hand, involving all the Metacarpal Bones.

Wm. U., machinist, age 25, was admitted to Pennsylvania Hospital August 29th, with a transverse wound of the back of the right hand, and of the ulnar side of the right thumb, produced by a circular saw. The saw had completely divided the four metacarpal bones of the fingers, just below the carpal articulation, together with the soft parts, entirely through to the palmar integuments, leaving these untouched. The metacarpal bone of the thumb was partially exposed on the side next the forefinger; a small portion of its middle third, about half an inch in length, and one third of the diameter of the shaft in thickness, together with the soft parts directly over it, having been cut away so as to uncover the medullary cavity of the bone.

The stumps of the metacarpal bones of the fingers, were carefully detached from the carpal bones, and the remaining fragments of muscle, tendons and nerves cut off and removed from the palmar flap. This flap was then cut through, transversely, about half an inch above the distal margin of the palm, so as to remove the already severed fingers, and at the same time provide an ample covering for the denuded wrist and the lacerated thumb. Although the stump was easily and securely covered by attaching the long palmar flap to the retracted skin, upon the back of the wrist, with several iron wire sutures, the irregular form of the margin of the wound upon the side of the thumb, rendered it difficult to bring the edges of the wound together at this part, without considerable stretching. The wound was completely closed, however, and in such a manner as to render it obligatory, in the opinion of the attending surgeon, (Dr. E. Hartshorne,) to attempt to save the thumb.

More mischief was to be apprehended from the defective and torn condition of the flap over the thumb, than from any tension to which the sound parts were subjected, as this tension was not so great as had been already found to operate without disadvantage in similar wounds of the hand, in which the metallic sutures had been employed, and had done great service.

Another difficulty arose from the retraction of many bleeding vessels, and from the laceration and displacement of others. Several small ligatures were applied, the wound was irrigated with cold water, and left open for an hour until the hemorrhage appeared to have subsided, and after the edges of the flaps had been carefully attached together with the iron wire sutures, the stump was further supported, and slightly compressed by means of a dressing of adhesive strips, and a wrapping of patent lint, saturated with a lotion of lead water and extract of Belladonna. The arm was then lightly bandaged to a pistol-shaped splint, placed in an elevated position on a pillow, and left to be watched by an assistant to guard against the recurrence of hemorrhage.

An anodyne draught of morph. sulph. gr. ss. in solution, with spt. æth. nit., and aq. camph. was

given at once, and ordered to be repeated every four hours, as required. Fever, with delirium, came on in the course of the night, some eight hours after the operation; and the patient, in his restlessness, disturbed the hand a good deal, so as to bring about some return of the bleeding, but not enough to require any interference with the wound. Since then the integuments of the forearm have been somewhat red, swollen and painful; but the stump is free from irritation, and has not appeared to be injuriously or painfully disturbed. The thumb looks well, is not very painful, maintains a healthy temperature, and may be slightly flexed by the patient without trouble.

Aug. 31st. Stump looked well. Fever subsided. Stopped the diaphoretic mixture.

Sept. 1st. Return of fever, with slight delirium; toward evening ordered tr. verat. virid., gtt. iij., liq. ammon. acetat., aq. camph. aa. f℥iss. every two hours.

3d. Fever again subsided, pulse not so full, discontinued the veratrum mixture, and ordered a wine glass of milk punch every two or three hours, pro re nata.

5th. The cellular inflammation has extended above the elbow, but its violence had diminished. There was no tension over the wrist and thumb, and the stump felt more comfortable to the patient. Suppuration was going on moderately and naturally between the flaps, except on the thumb; and here, as was expected, there was some superficial sloughing, but not enough to endanger materially the integrity of the parts beneath, or to expose them to the air.

The wire sutures all retained their hold without cutting, or straining the skin at any point, and without apparent irritation.

His general condition was improved, and spirits good. Ordered him a more generous diet, and continued the milk punch.

7th. He vomited frequently yesterday, and was restless last night. On removing the dressing, it was found that there was an extensive suppuration of the forearm, extending from just above the wrist to the elbow. A free opening was made about three inches above the wrist, which gave exit to a large amount of pus, with a slough of connective tissue. A flaxseed poultice, wet with the lotion of lead water and ext. belladonna, was applied over the whole forearm, instead of the lint dressing, and a wine glass of beef essence every two hours, was ordered.

8th. I was called to see him about eleven o'clock, P. M., and found him in a state of maniacal delirium, with difficulty of respiration and deglutition, pulse quick and feeble, skin hot, and bathed in perspiration. Ordered him morph. sulph. gr. ¼ every two hours, and brandy f℥ ss. every hour. In the morning he was more exhausted, but was not quite so restless and noisy. The difficulty of respiration and deglutition was more marked, with twitching of the muscles of a tetanoid character, about the mouth and neck.

He sank rapidly, and died about one o'clock the same day.

EPISCOPAL HOSPITAL

Service of Dr. Kenderdine.

[Reported by Henry R. Tilton, M. D., Resident Physician.]

Compound comminuted fracture of the Knee Joint occurring in a Somnambulist—Amputation of the thigh—Sloughing of the stump—Recovery.—Mrs. ——, aged 35, for some years a care taker in a children's Asylum, which she had left a month before her injury. While there she had been accustomed to rise at all times to attend the children. On the night of her injury she was sleeping in the third story of a house, near a window, and dreamed that one of the children had fallen from the bed; going to its assistance, she walked out of the window and fell to the pavement about 25 feet below.

She was found by a police officer, and brought to the hospital. The patella was crushed, the integuments torn for several inches, a fragment of the femur sticking out, and a fissure extending through the condyles. The hemorrhage was very small; she was suffering greatly from the shock, which was treated by external applications and diffusible stimulants, wine, carbonate of ammon., etc.; reaction was very slow, for several days it was thought she could not live, on account of concussion of the brain. On the fourth day after admission, it was decided, upon consultation, to remove the limb, which was done, after etherization, by the circular method, and the flaps closed by suture adhesive strips and bandage. The dressings were made light, as the weather was warm. She was freely stimulated with punch, beef tea, and wine and egg mixture. On the third day the dressings were opened, and the flaps found sloughing. A fermenting poultice of porter and flax seed was applied until the slough separated, leaving the integments and muscles on a level with the bone. The parts were drawn together by straps, and supported by bandages; in two weeks, when they had contracted as much as they would, a strong retractor, cut to fit the bone and cover the stump was then applied and firmly drawn, while the muscles were pressed back from the bone with a blunt instrument, and two inches of bone sawed off. The edges were now drawn together by adhesive plaster, and in three weeks the wound had healed, presenting a finely rounded stump. There was no necrosis. The second removal of the bone gave the patient

much more uneasiness than the first operation; no blood was lost.

Luxation of both shoulders downward, from muscular action, while dreaming.—J. B., aged 43, a German, had dined on sauer kraut and the accompaniments peculiar to that nation. While sleeping on a settee, after the meal, he was attacked with nightmare, and imagining himself falling from a great height, suddenly threw out his arms to seize something above him. The motion wakened him, when he found his shoulders painful and stiff; such is his account.

As he thought he had taken cold, he bathed the parts with a domestic liniment, before he sought medical advice. On the sixth day he was admitted into the hospital, presenting, as he carried his arms widely from his body, a very grotesque appearance.

The signs of downward dislocation were well marked, such as, the sub-acromial depression, the head in the axilla, and the inability to place the elbow against the side while the hand was carried to the opposite shoulder. As the muscles were firmly set, he was etherized, when the bones were easily replaced by pulling upon the arm while the heel was in the axilla. He was kept in the bed for one week, when he left the house at his own request. The case is interesting from its rarity.

Three cases of fracture of humerus, with the results.—Case 1. *Fracture of surgical neck; axillary abscess in the fifth week.* Fred. L., aged 59, was thrown from the top of a fence, twenty-four hours before admission. He struck his shoulder, causing much contusion, and breaking the humerus at its surgical neck. The parts were much swollen, and the arm, by measuring from the tip of the acromion to the external condyle, found to be nearly an inch shorter than its fellow. There was great sharpness of the fragments which were drawn toward the axilla. The limb was placed in a sling, the patient confined to bed for three days, and purged with sulphate of magnesia, and the joint wet with lead water and laudanum; the swelling then having somewhat diminished, the whole arm, from the fingers to the axilla, was bandaged, and a few turns carried around the chest by the spica; the shoulder was embraced in a gutta percha splint moulded so as to enclose the arm half way round and reaching nearly to the elbow; a splint padded like a wedge was placed on the inner side, with a view to press the ends from the axilla, but as it caused much pain, it was soon abandoned; the arm was placed in a sling with the elbow free, that its weight might draw the fragments in place. The dressings were re-adjusted every second day.

In the third week, gentle passive motion was resorted to; in the fourth, all dressings were removed, except the sling, and the arm was freely exercised to prevent anchylosis, as the muscles were quite stiff. In the fifth week, a very large axillary abscess formed, which, after a profuse discharge, healed rapidly.

The man left the house in forty-three days, with firm union, and some shortening, but the motion good.

Case 2. *Fracture of upper part of humerus, with displacement of a fragment, complicated with persistent œdema.*—J. Mc., aged 55, the night before his admission, fell into a cellar and fractured the upper portion of the humerus. The parts were much swollen, there was a depression under the acromion, and a lump, feeling like the round head of the bone, could be felt near the coracoid process; when motion was made, crepitus could be heard, but it was more like the muffled sound emitted from rigid tendons, when they are stretched, than the grating of broken bones. As manipulation was painful, he was etherized for the purpose of making a more satisfactory diagnosis. The limb measured, as in the former case, was found not shortened; the elbow could be placed against the side, and the hand carried to the opposite shoulder, thus excluding the possibility of dislocation; every effort to force the prominence from the coracoid process, was abortive, it returned to its unnatural position as soon as pressure was removed; it was probably one of the tubercles.

The treatment was not materially different from the former case; confinement for a few days in bed, the parts wet with tincture of arnica, and then the bandages, splints and sling as before; the œdema lasted till the fifth week, when the bony lump could be distinctly felt under the pectoral muscles. There was much callus thrown out, yet the degree of motion was surprising; he could raise the arm to his head, move it tolerably well forward and backward, but was unable to rotate it. He left the house in eight weeks.

Case 3. *Fracture of Surgical neck—Mania-a-potu—Death—Autopsy.*—D. F., aged 42, fell on the pavement and broke the humerus at the insertion of the pectoralis major; the integuments were but little bruised. He walkod directly to the hospital. He Was blanched, sweating in large drops, and trembled like an aspen leaf. He stoutly denied drinking, but appearances were decidedly against him. Some whiskey, with fifty drops of laudanum, was given at once, and as no swelling had taken place, the proper splints and bandages were applied, and the patient put to bed: This was in the morning, and before night the evidences of delirium tremens were well marked. Brandy and laudanum were given, and on the second day the neck blistered and dressed with acetate of morphia; he was nourished with beef tea,

but became rapidly worse, and died on the third day.

We were allowed to remove the broken bone, and found the fracture very slightly oblique, indeed almost transverse; the edges of the bone were deeply serrated, the external lamina extremely thin and vitreous, so that a number of lozenge-shaped fragments were split entirely off; the cancellated structure was much greater than in a healthy bone, and seemed very spongy; there was much blood effused, and the under surface of the deltoid torn. We are unable to say whether there was any organic disease of the body, but strongly suspect there was, from the prostration of the man, and his sinking so rapidly after the injury. The above cases were all caused by direct blows.

EDITORIAL DEPARTMENT.

Periscope.

Professor Fritz has come to the following conclusions on the subject of uræmia: — 1. When the urinary secretion is arrested, excrementitial matters accumulate in the blood, and especially urea. 2. Consecutively also to the absorption of urine already secreted, the blood is charged with urea. 3. The urea passes from the blood into all the excretions of the body. 4. But it is found most frequently, and in greatest quantity, on the mucous membrane of the intestines. 5. It is there decomposed into carbonate of ammonia by the intestinal liquids. 6. And thus are generated irritation, softening, catarrh, excoriation, and dysenteric destruction of the intestinal membranes. 7. Ammoniacal poisoning of the blood is caused by the absorption of ammonia from the intestines.—*Med. Times.*

Uselessness of Sarsaparilla.—Professor Sigmund, the Vienna syphilographist, has been conducting a series of experiments with carefully prepared sarsaparilla, and has come to the conclusion that the employment of this substance alone in gonorrhœa, or in primary or secondary syphilis, is of no essential service; while the efficacy of other decoctions which contain it, especially Zittmann's, is not due to the fact of their containing sarsaparilla. He refers to the enormous expenditure which is incurred for this drug throughout Europe, and which he evidently regards as so much money thrown away as far as spyhilitic affections are concerned.—*Zeitschrift der Aerzte zu Wien*, 1860, No. 1.

M. Schiff's experiments on the subject of diabetes seem to settle the heretofore debated question, how the sugar comes to accumulate in the blood. The two theories held on this subject were:—1. That the actual quantity of sugar formed was abnormally great, in consequence of increased activity of the liver in its formation; and, 2. That the quantity formed in the liver was not actually greater than normal, but that the ferment, an hypothetical agent, which caused its transformation in the blood was defective, and therefore the sugar accumulated. M. Schiff apparently decides the question. According to him, the excess of sugar in the blood, as found in artificially produced diabetes, results from an excessive formation of sugar in the liver. M. Schiff found that diabetes could be produced by the induction of an hyperæmic condition of the liver—a simple mechanical hyperæmia! He found the same thing result on removal of the spleen, whereby the liver was congested.—*Med. Times.*

Trephining in Syphilitic Disease of the Cranium.—Mr. H. Lee reported to the Royal Med. and Chirurg. Society (*Med. Times*) the successful trephining of three cases of syphilitic caries or necrosis for the relief of paralytic or epileptic affections, produced by the proximity of diseased bone to the membranes of the brain. The immediate objects of the operation were to remove the cause of irritation from the surface of the dura mater; to allow the discharge of any matter there secreted; to establish a healthy suppuration from one part of the membrane, whereby the irritation caused by the prolonged contact of diseased bone would be relieved.

Reviews and Book Notices.

Transactions of the Medical Society of the State of Pennsylvania, at its Twelfth Annual Session, held in Philadelphia, June, 1860.

This volume of 181 octavo pages, published by the Society, was received several weeks ago, and we avail ourselves of the earliest leisure to congratulate the members of the Society upon its timely appearance. Usually these Transactions were not ready for distribution until the close of the year, and indeed, in a few instances, not until the ensuing year was far advanced. Much of the interest which attaches to proceedings of the kind under review, is frequently lost by the delay—some-

times, it is true, unavoidable but mostly inexcusable—in their publication. The committee, therefore, who were charged with their publication are entitled to the unqualified thanks of the profession in the State, for the promptitude with which they executed their laborious and usually thankless task.

But, while bestowing this "meed of approbation," it is to be regretted that clerical and typographical errors in the orthography of names of delegates—in which accuracy is particularly desirable—were suffered to pass uncorrected, especially as similar errors, in some of the same names, had occurred in the Transactions of last year. So, also, a number of delegates, both regular and ex-officio, are marked absent, who to our positive knowledge were present, and participated in the proceedings. Such errors might easily be avoided, by a careful comparison of each name with the signature as contained in the "register," which is always accessible to the committee, or, in the case of absent delegates, with the name on the list of members as generally furnished with the County reports. Besides, from the careful manner in which the Society provided for the appointment of the Committee of Publication, the Recording Secretaries, Treasurer, and Corresponding Secretary being constituted *ex-officio* members, it is doubtful whether it was originally contemplated that the whole burden should devolve on the chairman alone. As regards the minutes proper, especially if the proofs of these were submitted to a careful revision by several members of the committee, we venture to affirm, fewer errors of the kind complained of would be discovered; and the proofs of all addresses, papers, and reports referred for publication, it would generally be more satisfactory if the authors themselves, as is the case in the American Medical Association, had an opportunity of correcting.

Other inaccuracies also exist in the body of the minutes, to which our limited space, however, will not permit us to refer in detail.

In our issue of the 23d of June, we published, *in extenso*, the minutes of the Society. It seems therefore unnecessary to recapitulate, and we shall pass over this portion of the volume, by simply referring to a few items, perhaps of general interest, which then escaped the notice of our reporter, and all of which, either directly or indirectly, have more or less bearing on the *great* object of the Society—the complete organization of the profession throughout the State. Prominent among those, are a preamble and series of resolutions, deploring the unorganized condition of the profession in the State, regretting that much of the scientific advantage, ethical influence, anticipated at the formation of the Society, therefore remain unrealized, and reinstructing the officers, censors, and committee of publication, to put forth vigorous efforts during the present year to effect organizations in counties where none now exist. The means of accomplishing this desirable end are also partially pointed out—through the free circulation of the present volume of the Transactions, in localities where these have not hitherto been received, and addressing also a circular letter to prominent medical gentlemen in every portion of the Commonwealth, urging upon them the importance of medical organization, and earnestly soliciting their active co-operation with the State Society in effecting it. However ineffectual similar efforts may have been in the past, and whatever differences of opinion may exist in regard to the best means of successfully arousing the professional mind of the "Keystone State" to the admitted importance of this great work, there can be no question but that the machinery indicated in these resolutions, if properly put in operation, is sufficient to accomplish an immense amount of good. The moral and professional weight of *thirty-four*—the number embraced in the instructions—of the most distinguished and influential members of the State Society, distributed through the several counties usually represented, we should think alone equal to almost any undertaking. We hope, therefore, we shall hear of the most glorious results.

Another measure, bearing upon this same subject, is the earnest and timely protest of the Society "against any expensive receptions or entertainments in future, and against every other arrangement that may be calculated to divert its attention from the legitimate objects for which it was originally organized, believing that, in a profession like ours, among the members of which wealth is so unequally distributed, the practice of suitable economy, and a concentration of effort on useful, practical and scientific inquiries are essential to a speedy and complete organization of the profession in Pennsylvania." This resolution is accompanied by another, in which the delegates pledge themselves to carry out, in *good faith*, its spirit and object in the future.

A reform of this kind has long been needed, and is also loudly called for in the American

Medical Association. In both institutions such a change would, we predict, produce the most salutary scientific results, to be witnessed in the improved character of the Transactions. Especially as regards the Society whose proceedings have suggested these remarks, if the "*programme*" of arrangements will hereafter be made, in every instance, to conform strictly to this resolve, in our opinion it will do much towards effecting the great object in view. As the Society is a migratory body, originally not designed to meet two successive years in the same place, its sessions will now, no doubt, frequently be held in our smaller inland towns, and will thus infuse new life and vigor into the local societies there, as well as awaken interest and a proper degree of emulation among the profession in the neighboring counties, where no societies exist. The unequal tax formerly imposed upon a few of the more prominent practitioners in a county, may have been, in some instances, a serious barrier to its sessions being held in localities where the membership of the county societies is limited.

We perceive, with pleasure, other evidences in these proceedings of the zeal with which the Society seems to be pushing forward this great work of organization. Two instances may suffice. The one we find in the proposed amendment to the constitution, which will permit "members of the profession in a county where no society exists, to unite," temporarily, until a society is formed in their own county, "with the association of any adjoining county." In fact, if our memory does not greatly deceive us, this amendment was passed by a constitutional vote—*nemine contradicende*—although, according to the minutes, it is made, unfortunately, to lay over until next year. The other is the proposition of the nominating committee, so generally concurred in, to hold the sessions of the Society even in localities where the profession have apparently taken little interest in promoting the objects of the Society. This certainly seems to be a step in the right direction, and is carrying out the views of many of the founders of the Society—some of whom are "numbered among the immortal dead."

In a future number we may resume this subject, and speak of the comparative merits of the volume as a whole, and more in detail of the value and excellency of the several papers and reports contained in it.

Dr. W. H. Doane has been elected Superperintendent of the Louisville Marine Hospital.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, SEPTEMBER 15, 1860.

☞ THE TIME TO SUBSCRIBE! ☜

The FIFTH VOLUME *of the* MEDICAL AND SURGICAL REPORTER, *in its weekly form, will begin on the 6th of October next.*

From that date the REPORTER *will be* FURTHER ENLARGED *to the extent of* EIGHT PAGES *weekly, and improved typographically.*

Arrangements have also been entered into by which still further improvements will be made in the literary department.

The REPORTER *has become the leading Medical Periodical of America. It has attained this position by representing the* WHOLE *profession, independent of any school, party, or publishing interest,* AND WILL MAINTAIN IT.

Thanking those who have hitherto sustained and placed it in a position of such extended usefulness to the profession, we can assure them that they will still find it worthy of their support and confidence, and again remind them and the profession generally, that

☞ NOW IS THE TIME TO SUBSCRIBE. ☜

—o—

SELLING POISONS.

It must have been an appalling scene to see that young girl, only seventeen years old, who, in a fit of wild despair, had taken a dose of arsenic, struggling for life in the New York Hospital, and finally succumb. One more unfortunate gone to her last account! It is very unlikely that this young woman, and hundreds of others who have gone the same way before her, committed suicide in consequence of any long premeditated desire to abandon life. However shadowy and dreary the world may have appeared to her—at seventeen no young woman commits suicide philosophically and systematically. It is the rash act of a whirling brain, from which reason has been dethroned, and which is

tossed about on the wild seas of passion and despair.

It is exactly to meet such cases; to prevent these victims of sudden passion or despair from making the last fatal leap, that humane laws, regulating the sale of poisons, have been passed in some of our States, and among these in New York. But where was the law in this case? The poison, we are informed, was purchased by the girl at a drug store in West Broadway, the persons in attendance not asking any questions as to her name, residence, or purpose; and, what was worse, without even a label on the package. Such criminal carelessness, such cruel cupidity, ought to be punished as severely as the law directs. But while thus the laws are openly violated by unscrupulous druggists, who sell poisons to the insane and criminal without asking a question, and who are foisting upon us, in the name of the goddess Hygeia, miserable quack nostrums, by which they poison the ignorant masses, it has been reserved to the great metropolis of this Union, to present us the spectacle of *public authorities* trampling law under foot, and making themselves the shielders and abettors of these poisoners by criminal neglect and cupidity. After the death of the girl, we are told, Dr. Griscom, under whose service in the hospital the case had occurred, inquired into the case, and endeavored to bring the culpability of the druggist to the notice of the authorities. But his intentions were frustrated "*by the hasty and inefficient manner in which the coroner disposed of the case.*" A *post mortem* examination was refused, and no means taken to summon the proper witnesses to convict the druggist of violating the law, or even the facts to reach public attention; the druggist being, it is further stated, a brother-in-law of a prominent city official, the head of one of the departments!

This explains the matter. Who is fool enough to expect the laws to be carried out in New York, if the meanest political scavenger should thereby be discommoded? Who expects the metropolitan officials to punish offenders against the law, unless it *pays?* It would not have paid to institute proceedings against this careless, law-breaking druggist, who so kindly assisted the rash young girl in committing the last and fatal mistake of her life.

What is the good of laws, if those who are appointed to carry them out are time- and men-servers? If New York wishes to rid itself of the epithet of being a "den of thieves"—an epithet to which its municipal and juridical government for several years past fully entitles it—her people must begin, not by making new laws and passing new bills, but by sweeping off the political chess-board the old rotten pieces that encumber it, and by electing men to official positions who will administer the law righteously to all men, instead of trampling them under their feet.

At a late meeting of the New York Sanitary Association, Drs. Percy, Roberts, and Batchelder, were appointed a committee to inquire into this case. We hope they will succeed in bringing the guilty parties to account.

CLINICAL INSTRUCTION AT THE HOSPITALS AND DISPENSARIES IN THIS CITY.

The season of the year has arrived when hundreds of young men are gathering in this city, from every part of our own and from adjacent countries, attracted hither by the reputation of our medical schools. Their object is to pursue their medical studies to the best advantage, and receive authority to practice medicine from institutions of acknowledged standing and respectability, whose faculties are widely known and respected for their talents and abilities as teachers of medicine.

In view of the greater importance that is now attached to clinical instruction than has ever been before, we urge upon those having the management of our Hospitals and Dispensaries, the duty of providing every facility to teachers of medicine to impart instruction in this manner; and we trust that the latter will not be backward in using the facilities they have, to the best advantage.

The reputation the medical schools of this city have acquired, has been built up, in great measure, on the clinical advantages offered by Pennsylvania Hospital. But, as the numbers

of students that resort to this city annually increase, the facilities for clinical teaching must keep pace with the demand, if Philadelphia would retain the prestige her schools have acquired. There are in this city half a dozen general and special Hospitals, and five or six large Dispensaries, all easy of access, and all should be available for the purposes of clinical instruction. To supply the deficiency in opportunities for teaching medicine at the bedside of the sick, our colleges have, with commendable spirit, provided clinics at their own expense in the college buildings. But, besides the plan being an inadequate substitute for hospital clinics, it is not right that the colleges should be saddled with the expense, inconvenience, and in some instances, odium, of seeking patients for their clinics.

In view of the advantages to Philadelphia, resulting from so many resorting here to pursue their studies, she can well afford to provide clinical instruction free of cost. This is done in the New York Hospital, and why should not the Pennsylvania and Philadelphia Hospitals follow her example in this respect? Our most talented physicians and surgeons give their time, their advice, and teach clinical medicine for these Hospitals, free of charge, and why should they receive pay for services thus voluntarily rendered? No—these charitable services ought to inure to the benefit of a profession which seeks the highest temporal good of mankind.

Nor is this all. Thousands of the poor are prescribed for at, and attended from, our several dispensaries. All forms of disease are here met with, and the field is a wide one for the study of some forms of disease. Those who are pursuing special medical studies, and those who lecture to students on special departments of medicine, should have the privilege and the facilities for using these dispensaries for the advantage of medical science. We hope that our readers in Philadelphia—comprising nearly all the medical men in the city—will unite their influence to ours in endeavoring to secure for the profession the free use of the facilities which abound so in this city for imparting clinical instruction.

Since the above remarks were penned, we are happy to learn that the Board of Physicians of the Philadelphia Hospital have succeeded in their efforts to open the clinical wards of this extensive hospital to students free of charge. We have reason to believe that this change will be followed by energetic efforts to make the hospital still more available as a means of clinical instruction. The clinic room connected with this hospital, is, we believe, the largest and best arranged in the world, being capable of seating nearly one thousand persons.

"RIDICULE" AND "CONTEMPT."

In referring to some remarks made by the *New Orleans Medical News and Hospital Gazette*, we said that it severely ridiculed the resolutions passed by the American Medical Association. Our contemporary objects to the term "ridiculing," as applied to its criticism of the resolutions, because this term "carries with it the spirit of contempt, and our record in relation to the association shows that we have the most profound respect for it." We cannot take back the term, even if it carries the spirit of contempt with it.

"We fear the association is in danger of diminishing into a mere traveling ventilator of the few individuals, amongst which it happens to hold its meetings."

"The first honor of the association has become a mere bauble, with which to tickle the old men of the cities in which the meetings are held."

"Any amount of talk has been indulged in on the subject of medical education."

"Spouting resolutions."

"The association has allowed itself to be made a cat's-paw in the business."

If the News and Gazette *wishes* us to do so, we will call the above respectful language; but to our simple mind it sounds like nothing else than ridicule and contempt.

Another point. The New Orleans Medical News and Hospital Gazette is the organ of a school; with this we find no fault; though we would like to see medical Journalism entirely

independent of the schools. But we do not like to see the New Orleans Gazette make itself so utterly *ridiculous*, as it does, when speaking of clinical medicine, it says that it knows that no city except New Orleans can come up to the proper standard—viz: *daily bedside observation of disease in all its forms;* and when it says that "the coming session of the New Orleans School of Medicine, inaugurates the teaching of experimental physiology and clinical surgery, and ere long the example must be followed." It should read, "New Orleans has followed the example of other schools in teaching experimental physiology and clinical surgery."

We make these remarks kindly, and convinced that one of the first requisites of reform in medical schools is that their official organs should be less economizing of truth in regard to themselves.

APOLOGETIC.

We are extremely sorry to have given our most estimable contemporary, the Cincinnati Medical and Surgical News, such deep pain.

It says: "We cannot permit this opportunity to pass, without again calling attention to the subject of *exchanges*, and the necessity of special care in the direction. We find upon our table a number of the REPORTER, directed as follows: "Medical News, Cincinnati, O.," and ask where is the Medical News? Our journal was called by that name till we discovered that there *existed* a quack concern, bearing the cognomen of "*Western* Medical News and Cancer Journal," published quarterly by Dr. Newton, of the Eclectic School. We at once *changed* the name of our journal to Cincinnati Medical and Surgical News, to which address the REPORTER is not sent in exchange for such an embodiment of *cancer cures* never performed! *Quackery* on the high pressure system, and *reform* generally."

We know how important it is to the Cincinnati Medical and Surgical News to be in the proper and regular receipt of its exchanges. Consequently we summoned the clerk who writes our wrappers, into the editorial sanctum, and under fear and trembling he confessed that he had been guilty of writing "Medical News," because it was shorter. He promised never to do it again. Should the sad accident occur again, the Cincinnati Medical and Surgical News will please inform us, and that clerk will be discharged *instanter*.

As to our exchanging with the "Cancer Journal," until now, we were in blissful ignorance of its existence even, and the News and Gazette may trouble itself no more about that.

THE BALLOON VOYAGE TO EUROPE.

The preparation for the attempt which is soon to be made to reach Europe by an aerial route, although attended by many mishaps and unforeseen difficulties, has secured a confidence which will insure a proper outfit for the starting. Viewed as an adventure or exploratory voyage alone, the project deserves encouragement. The premises from which the theory of an atmospheric current tending perpetually eastward is inferred, are well-known facts in science. With less reliable theoretical assurance, the discovery of this continent was the result of an exploring expedition which started on a waste of waters, the limits of which were at that time as unknown as those of the aerial regions now to be cruised on. With probably less prospective good to be gained, and with equal or greater risk to human life, costly expeditions have been sent to the most inaccessible corners of the earth, and their failures seem to have only stimulated to their repeated prosecution.

In a strictly medical view, we have no direct object in the proposed aeronautical design; but our profession stands aloof from nothing which rationally proposes to add to the sum of human knowledge or happiness. In many departments of general science, the members of the medical profession have stood foremost. The greatest modern geographical explorers have been medical men—among the most recent of whom are the familiar names of Drs. Livingstone and Kane; and another, Dr. Hays, is now attempting to explore further northward than has yet been reached. Perhaps the latest astronomical discovery, is that of a new planet by Lescarbault, a French practising physician.

We think, then, that even an interest in a balloon voyage, if conducted in an earnest and scientific manner, for the purpose of leading in a new way to another continent, is not an inappropriate subject for the interest of the profession, the world-wide objects of which have made favorite with it the sentiment of—"*Homo sum, et humani a me nil alienum puto.*"

Dr. Charles Cresson, of this city, a gentleman of scientific acquirements, has already given efficient aid in the preparations for the undertaking. Pecuniary aid is, it is said, essential to the final setting out. We bespeak for the effort an interest by the medical profession, for there is no other class from whom an appeal for aid, scientific or monetary, in a worthy object, is more likely to receive a favorable response.

Correspondence.

New York, Sept. 7th, 1860.

The reorganization of the New York Medical College is the latest, and I believe, the most important event that has transpired hereabout. This school has been singularly unfortunate from its commencement. Organized on a firm pecuniary basis, and with a faculty composed of some of our most prominent men, its complete success was universally granted, and yet it has seemed to carry in its bosom the seeds of decay from the first. One after another, the original founders withdrew, until at length, scarcely a representative was left. Finally, the president, Dr. Horace Green, announced his resignation, and in the same breath congratulated the trustees upon the flourishing condition of the school, which he declared was never more prosperous than at that moment. But knowing ones intimate that he even then saw the structure tottering to its fall; certain it is, that he might have visited its ruins on the following day. Of its present organization, I need scarcely speak. In its faculty, the extremes of medical respectability meet. Congratulate your brethern of the editorial fraternity on the prospect, that though hard worked and poorly paid, their services are likely to be appreciated, and rewarded, as in the case of the editor of the Gazette, with the honors, (don't let the printer mistake that word for horrors,) and emoluments of a professorship in a defunct school.

It is rumored that Dr. Van Buren has resigned his place of surgeon to the New York hospital, and will hereafter devote himself entirely to his professorship and private practice. This situation in this laity hospital, is considered a great prize among the aspirants to surgical distinction, and already the "slate" is covered with the names of applicants. But there is a sort of apostolic succession in the appointments of that institution, and it would require but little prophetic talent to indicate the "coming man."

The Academy of Medicine is the only society that has had the fortitude to continue its regular sessions through the summer months. Nor have its discussions flagged from the intensity of the heat, though I can not say that the temper of some of the members has not been rendered inflammatory thereby. I doubt not you think, that academy is a singularly constituted body, when you find medical men meeting in it, on an equal footing, whom you are accustomed to consider the very antipodes of respectability. And yet, is not a society of that ethico-scientific character necessary in our larger cities, to regulate the affairs of a profession, composed of such discordant elements? To it the theorist brings his crude observations, and ill-digested opinions based thereupon, and has them thoroughly sifted, and departs a wiser man. To it the young practitioner refers his grievances of oppression by his elder brethren, and the decision of the question of ethics is final. In these, and in many other respects, the academy is invaluable, not only to the good order, and the elevation of the profession as a scientific body, but also to its popular status.

The fall courses of lectures have commenced in our schools, and the attendance of students is large. The faculties anticipate larger classes than ever, but it is difficult to decide what accessions, if any, will be made before the opening of the regular course. No changes will be made in the college faculties, except those already noticed.

QUIS.

A New Injection in Gonorrhœa.—The Parisian correspondent of the *Lancet*, Aug. 25, writes that Dr. Gamberini, of Bologna, reports his success obtained in gonorrhœa by means of injections of diluted tincture of aloes. It is said to cure the discharge, even in the most refractory cases, more rapidly than the usually prescribed astringents. The formula recommended is as follows:

℞. Tinct. aloes, ℥iv.
Aquæ ad. ℥iv.
M. ft. lotio; ter in die injiciend.

News and Miscellany.

The Adulteration of Food and Drink.—The new act for preventing the adulteration of articles of food and drink, has been printed, but, before it can be of public service, "Analysts" must be appointed. In the city of London, the Commissioners of Sewers, and in all other parts of the metropolis, the vestries and district boards, acting in execution of the local government act, and the court of sessions and borough councils in other parts, may appoint one or more persons possessing competent medical, chemical, and microscopical knowledge, as analysts of all articles of food and drink purchased within such places. Any persons selling articles of food and drink, knowing the same to be injurious to health, may be fined $5, with costs; and, on a second conviction, the justice may cause the offender's name to be published in a newspaper, or in such other manner, "at the expense of such offender," as to them seems desirable. There is a provision giving protection against articles being tampered with by the purchaser. A purchaser, in a district "where there is an analyst appointed under this act," may have an article of food or drink analyzed for a sum not less than 2*s.* 6*d.*, nor more than 10*s.* 6*d.*, and to receive a certificate admissible in evidence. The justices, on complaint, may order an article to be analyzed by a skilled person. An appeal is given to the quarter sessions. Persons convicted of selling adulterated patented articles may have a case stated for the opinion of the superior courts. The expenses of the act are to be borne by the city of London, out of the metropolis local management rate, and elsewhere by the county and borough rates.—*Med. Times.*

Colored Paregoric.—The *Journal of Pharmacy* very properly notices a fact which medical practitioners of this city are aware of, that many druggists continue the old practice of coloring the complicated tincture of opium, or paregoric, with extract of liquorice. For a time, from our own observation, the coloring ingredient appeared to be generally omitted, but it seems now to be frequently used in the article as sold to the public, if not in that dispensed in prescriptions. The change in appearance and flavor of so popular a domestic remedy as paregoric, when the liquorice is omitted, is one which has probably met with much opposition, yet in view of the many instances of fatal mistakes, owing to its resemblance to and frequent association with laudanum, the avoidance of the coloring material should become general. The influence of practitioners may be effectual in impressing druggists with the propriety of adhering strictly to the pharmacopœia in making this preparation.

Lord Byron's Feet.—The *Lancet* says, that models of Lord Byron's feet have been this week deposited in the Museum of the Nottingham Naturalist's Society. They are described as about nine inches long, narrow, high at the instep, and generally of symmetrical slope. In an accompanying affirmation, it is stated that the deformed foot (the left) was not, as has been generally stated, a "nub" foot, but that it was formed symmetrically as the other, being, however, exactly an inch and a half shorter. The ankle was weak, and the foot turned outwards. To remedy this Lord Byron wore a very thin boot, tightly laced under his stocking; and in early life employed an iron, with a joint at the ankle, passing down the outside of the leg, and fastened to the sole of the shoe. The muscles of the calf were atrophied.

Professor Syme on Extension in Fractures.—Professor Syme, of Edinburgh, who seems to oppose all innovations on his own habits of surgical treatment, has no faith in the efficiency of the American method of making extension and counter-extension with adhesive strips in the treatment of fractures. Dr. D. P. Smith, in a letter from Edinburgh to the *Amer. Med. Times*, says that Mr. Syme, "maintained stoutly, that the benefit supposed to be gained from the use of extension was an entire delusion; for if extension was employed, the muscles were roused to resistance, and always overcame such force." Mr. Syme does not seem to be aware that continued extension will so *tire* the muscles that they will yield entirely to the extending force.

Success of the Marshall Hall Method in Hanging.—A correspondent in the London *Lancet*, (Aug. 25,) Dr. Alfred Ebsworth, reports a resuscitation from hanging as follows:

"On Thursday, the 2d inst., I was hastily summoned to a case of hanging in the County gaol, at 4 A. M. I found the man lying upon a swing cot, with scarcely a particle of life left in him; his eyes were fixed and motionless, insensible to the touch; the respiration was scarcely perceptible; and the heart's ac-

tion appeared confused and wavering. The left side of the body appeared paralyzed; the arm and leg were inflexible and stiff; whilst, on the right side, the muscles were twitching and contracting, as if in death. The persons about all thought the case hopeless; and so did I. However, plenty of assistance being at hand, I wiped out the mouth, which was filled with bloody, frothy saliva, pressed down the tongue, and commenced rolling the patient from side to side most vigorously. For a long time not the slightest improvement took place. Now and then a gasp, as at first; then hope seemed to vanish. I put a lancet into his arm, and managed to get a little blood, dark, thick, and grumous—never allowing the body to rest, except for a moment, when the coma seemed to get more intense, and the muscular contraction more severe.

"For two hours, I plied my calling, ably assisted, I must say, and at last I had the satisfaction of seeing the patient evince a movement in the upper lid of the unparalyzed side. Friction about the neck, where the ligature had made a deep indentation, and also about the region of the heart, continued rotation in blankets, with now and then the inhalation of ammonia and ether, brought the patient round at 8 A. M. During recovery, convulsions the most intense set in, and threatened to destroy life, after the comatose symptoms had begun to disappear. The result proved ultimately successful; and, in the course of the day, he walked from the cell to the infirmary, and partook of a broth meal."

Tannin as an Antidote to Strychnia.—Dr. Kurzak, in the *Zeitschrift der Gesellschaft der Aerzte zu Wien*, has published a paper in which he claims tannin to be a most excellent antidote in strychnia poisoning. The tannate of strychnia formed, is insoluble in the intestinal juices. For 1 part of strychnia, 20 to 25 parts of tannin should be given, or even more, because a considerable part of the tannin is precipitated by the contents of the stomach—gelatine, for example. When tannic acid cannot be obtained, strong infusions of powdered gall-nuts, or green tea, should be used.

Wound of Abdomen with Escape of Intestine—Recovery.—A case of this kind is related in the *Medical Times and Gazette*, by Dr. Potter, of Kilkenny. The patient was a boy, who was thrown by a horse, and fell on the sharp portion of the sock of a plough, which penetrated his abdomen. Three large coils of intestine, about two inches in breadth, protruded from the lower part of the abdomen, and from two of the coils the serous membrane was abraded, and blood oozing. The intestines were reduced with some difficulty, the patient put under calomel and opium, and leeches were applied. In two weeks, he was discharged well.

Sir Benjamin Brodie, the eminent English surgeon, has been suffering for some time, as we mentioned in a former number, from an affection of his eyes. There appears to be some doubt as to the nature of the disease. The *Lancet* says in a late editorial notice:

"Several rumors, more or less erroneous, have been recently promulgated concerning the health of Sir Benjamin Brodie. It is a natural feeling, and one that marks the deep veneration and affection with which this distinguished surgeon is universally regarded, that great interest should be exhibited in his personal welfare. He has lately undergone an operation undertaken with a view of restoring vision, which had become impaired from advancing cataract or glaucoma. It is understood that the operation has failed. All will hope that the failure will not be irremediable. As no man living has done more honor to surgery, so none has a better claim to benefit by all the resources of the art. It will be a subject of lasting regret, should it prove that Sir Benjamin Brodie has suffered from any error of diagnosis or of treatment. The warmest sympathies of the entire profession are with the respected sufferer in this case."

The Electro-Motor Power in the Torpedo.—The Paris correspondent of the *Lancet* states, that, at a late meeting of the Academy of Sciences, M. Mattenci communicated some experiments on the electrical organ of the torpedo, from which the learned physiologist draws the following deductions:

First. That the electro-motory power of the torpedo exists independently of the immediate influence of the nervous system, and that even eight days after death, this power may still be found to prevail long after all traces of nervous excitability or muscular irritability have ceased.

Second. That the electro-motory power of the organ is augmented by the excitement of

its action, and that this increase of power persists for a certain space of time.

Third. That whilst muscular function is accompanied by appreciable chemical changes, and most notably by the development of heat, such is not the case with the organ of the torpedo, the exercise of which is unattended by any such apparent physical manifestation.

Clinical Teaching Free.—Two timely resolutions were presented by the Medical Board of the Philadelphia Hospital, at the last meeting of the Board of Guardians. The first recommended the opening of the wards of the Hospital to students for the purposes of clinical instruction free of charge; this was adopted. The other was as follows:

"Whereas, it is the duty of those in charge of public hospitals to do every thing in their power to advance the science and art of medicine and surgery, etc.; and inasmuch as the collection of specimens of organic structure, illustrative of health and disease, are among the most efficient means, and are recognized by the principal hospitals, both in Europe and this country.

"*Resolved*, That a Committee of the Medical Board be appointed, to confer with the Board of Guardians upon the feasibility of establishing within the hospital a *museum*, for the preservation of pathological and other specimens, to aid in the investigation of disease, &c."

Remedy for the Hoarseness of Singers.—For five or six days, to drink twice a day five or six drops of nitric acid in a glass of sugar and water. If the organ has become accustomed to the use of the remedy, and it, in consequence, has lost its original efficacy, we can increase the dose of the acid to ten or eleven drops. This receipt was given to us by an artist to whom it had rendered special service, who requests us not to publish his name; but who, we may assure our readers, is the first tenor of the age.—*L'Abeille Med.*

A verdict for $2,500 *damages for mal-practice*, is reported by the St. Joseph's Medical and Surgical Journal, as having been given in that county against a physician, on the suit of a young man, who was the subject of an oblique fracture of the middle third of the femur. If the Journal would give us the particulars of the case, they would no doubt be very interesting to the profession.

Vaccination in Syphilis.—Mons. A. Guérin reported lately to the Surgical Society of Paris on M. Lukomski's method of treating syphilis by vaccination. After showing the inefficiency of this mode of treatment, the author added, in conclusion, that M. Lukomski deserved the Society's thanks respecting his good intentions; but that the members request he will not continue his experiments, as they are dangerous for the sick, and might get him into trouble.—*Lancet.*

Philadelphia County Medical Society.—The first conversational meeting of the series for the season was held on Wednesday evening last, Dr. Remington, President, in the chair. The meeting was largely attended. The subject for discussion, Abortion — its causes, dangers, and treatment—was introduced by Dr. James M. Corse, in an able and instructive paper, an abstract of which we may give in a future issue. It elicited a spirited debate, in which quite a number of members participated.

Smokers in New York.—According to the *Merchants Magazine*, in New York city there are about 200,000 smokers, each using two cigars per diem, which makes 400,000 every day. These will cost for labor alone, at $5 per thousand, the enormous sum of $8,760,000 annually, when made by hand.—*Amer. Med. Times.*

Army and Navy.—Assistant Surgeon John J. Gibson has been ordered to report for temporary duty at the Navy Hospital, New York. Leave of absence for thirty days has been granted to Assistant Surgeon J. M. Haden, Medical Department.

The Grape Treatment on the Teeth.—A writer in the *Lancet* says, that the grape cure exerts a deleterious influence on the teeth. He has seen the front incisors of a patient greatly corroded after spending some time under the treatment at Vevey.

The Obstetrical Clinic at the Pennsylvania Medical College, opened on Saturday morning, Sept. 1st, &c. &c.

W. B. Atkinson, M. D., has been appointed Assistant Professor of Obstetrics and Diseases of Women in the Pennsylvania Medical College.

The three Stages of a Parisian hospital physian are thus described by the correspondent of the London *Lancet*, from the former place:

"He enters the career at thirty, let us suppose; he is then full of hope, places the most sanguine reliance in the omnipotence of the materia medica, has at his fingers' ends twenty remedies for each disease, has a counter agent for each symptom, and passes fifteen years of his life in trying a legion of drugs with more or less success or disgust. In the second stage, at forty-five, on returning to him again, we find a sadder, but a wiser, man; he has no longer the same indiscriminating confidence in the power of drugs; he has had many disappointments; his praises of the Pharmacopœia have gradually grown fainter and fainter; and he has discarded all his imaginary specifics. Two or three medicines, however, have proved less faithless than the rest, and these he uses *à tout propos*—adding, in his moments of conviviality, that 'these are his sheet-anchors, and for all the rest he does not care a—fig.' At length our friend attains the age of sixty; his head is wonderfully clear, and, between his intellect and his experience, he ought to be an excellent therapeutist, and render valuable service to the cause of humanity. How now? Apathy, incredulity, *médecine expectante*, in place of energy, confidence, and vigorous treatment? Yes, so it is, alas!—the career, begun with hope and vigor, terminates in discouragement and inaction! Now, I do not mean to give to the above a general application; but there is so much truth in the portrait, that I have produced it for your contemplation. It is an omitted sheet of *Gavarni à Paris.*"

Surgeon Bernard M. Byrne, M. D., of the United States Army Medical Staff, and for three years attending physician at the Fort Moultrie Station, died on Sullivan's Island on the 6th inst., in his forty-sixth year. His disease was typhoid fever.

Prof. May has resigned his position as Professor of Surgery in Shelby Medical College, Nashville. Prof. Maddin has been elected to fill the vacancy, and Dr. D. B. Ciffe is appointed to the chair of Anatomy.

The Pharmaceutical Association held its annual meeting during this week, in New York. We shall present an abstract of their deliberations in our next issue.

Men and Apes.—An anecdote of the discussion at the British Association, on Mr. Darwin's book, is current. The two most prominent speakers, on either side, were the Bishop of Oxford and Mr. Huxley. "If I may be allowed to inquire," said the Bishop of Oxford, "would you rather have had an ape for your grandfather or grandmother?" "I would rather have had apes on both sides for my ancestors," replied the naturalist, "than human beings so warped by prejudice, that they were afraid to behold the sun."—*Lancet.*

Dr. Usher Parsons, of Providence, Rhode Island, who is said to be one of the last surviving commissioned officers of the naval battle on Lake Erie, made an address at the recent inauguration of the Perry Monument at Cleveland.

Closing of the Drug Stores on Sunday.—Another meeting of the pharmaceutists has been held, for the purpose of considering some difficulties which have recently arisen in regard to this movement.

Sir Benjamin Brodie has been for sometime gradually losing his sight. The operation of iridectomy was recently performed on him, but it is understood that the operation has failed.

There were, last week, 776 patients in the New York City Lunatic Asylum, and 450 in the Insane department of the Philadelphia Almshouse.

How the English should Physic the French if they invade the Isle.—Give them some of Dover's powder and a lead mixture.—*Vanity Fair.*

Summary of Medical Science.—A periodical with the above title is about to be started by Dr. Walter S. Wells, of New York, the author of *Braithwaite's Retrospect.*

The population of the city of St. Louis, Mo., by the census now in progress, is 161,000—a gain since 1850 of 106 per cent.

Clinical Instruction in the medical colleges of this city has commenced. The clinics are well attended both by students and patients.

Answers to Correspondents.

Chas. M. Samson, M. D.—A correspondent from Brooklyn, who thus styles himself, says that he "spent two hours on last week's number and could not comprehend the article Elytrorrhaphy."

This Samson must be strong in patience to labor so long, but weak in powers of comprehension. The article alluded to is, to our ordinary intellect, very clear.

COMMUNICATIONS RECEIVED.—*Delaware*, Dr. T. C. Rogers—*Illinois*, Dr. E. D. Gates—*Kentucky*, Dr. D. Johnston, [with encl.]—*New York*, Dr. MacNichol, Dr. Chas. T. Evans, Dr. C. D. Mosher, Dr. W. E. Chapman—*Pennsylvania*, Mr. Geo. H. Christy, Dr. Thos. H. Worthington, Dr. J. Breitenbach—*South Carolina*, Dr. Geo. Caulier—*Tennessee*, Dr. R. B. Harris.

Office Payments.—Dr. Joseph G. West, (Pa.,) Dr. J. R. Davis, Mr. Queen, (adv.,) Dr. S. Sproul, (N. J.,) Dr. J. Warner Knot, Dr. R. P. McGuire, (Va.) By Mr. Swaim: Dr. Scholfield, Mr. Ord, (adv.)

MARRIAGES.

DUNCAN—BRIDEL—At Pittsburgh, Aug. 30th, J. L. Duncan, M. D., to Mrs. M. A. Bridel, all of Pittsburgh.

SEILER—ORTH—At Harrisburg, on the 6th inst., by Rev. T. H. Robinson, Mr. Jacob F. Seiler to Miss Mary W., daughter of Dr. E. L. Orth.

DEATHS.

ADDISON—Surgeon S. R. Addison died on the 28th ult., at the Naval Hospital, Chelsea.

DENTON—Professor Samuel Denton, of the Medical Faculty of the University, died at his residence in Ann Arbor, Mich., Aug. 17. He was one of the oldest citizens of Ann Arbor, having resided there nearly thirty years. He has been connected with the Medical College since its organization. He was a man of the first order of talent, kind of heart, and a gentleman in his profession and in the private walks of life. His loss will be severely felt by the University and by the community in which he lived.

HORNER—Wm. W. Horner, Esq., of Chicago, son of the late Prof. Wm. E. Horner, M. D, of this city, was among those who were lost by the sinking of the steamer Lady Elgin on Lake Michigan on the night of the 7th inst.

HAMPTON—At Brighton, N. J., last week, Dr. Isaac H. Hampton. For nearly sixty years he was one of the most prominent citizens of that place.

HARVEY—At Jenkintown, Montgomery county, Pa., on the 28th ult., Rebecca S., wife of Dr. S. D. Harvey, aged 30 years.

WARNER—At Pittsburgh, on the 5th inst., Dr. E. Warner, in the 78th year of his age.

WILTBANK—In this city, on the 11th instant, Dr. John Wiltbank, in the 56th year of his age.

PHILADELPHIA SCHOOL OF ANATOMY.

UPPER END OF COLLEGE AVENUE.

WINTER ANNOUNCEEENT.

THE Rooms of this old established Institution, under the management of Dr. D. HAYES AGNEW, are now open to students and physicians desirous of prosecuting their studies. A full Course of Lectures will be delivered on special and Surgical Anatomy, commencing about the 11th of October.

The colleges leave it optional with the student where he takes out his dissecting ticket.

Fee for the Course, $10.

D. HAYES AGNEW, M. D.,
204 16 North Eleventh street.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICINE Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174

CLIFTON HALL.

UNDER this name a private Asylum for the reception and treatment of a limited number of the Insane of both sexes, has been recently constructed on the most approved plan for the comfort and recovery of the health of its inmates. CLIFTON HALL is situated in a beautiful part of the country, within a few miles of Philadelphia.

MANAGERS.

John Bell, M. D., Hon. Wm. A. Porter, Hon. Wm. Strong, Joseph Carson, M. D., Samuel Henry Dickson, M. D., Herman Cope, Esq., Charles Kelly, Esq., Oborn Levis, Esq., Francis Tete, Esq., Morton McMichael, Esq., Rev. Wm. P. Breed, Rev. John Jenkins, D. D.

For particulars, apply to the subscriber.

R. A. GIVEN, M. D.,
202—1y Clifton Hall, Kellysville, near Philadelphia.

PENNSYLVANIA COLLEGE.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

THE Rooms for Practical Anatomy will be opened on Monday, the third of September. Applications may be made to THEODORE A. DEMMÉ, M. D., Demonstrator, No. 538 north Fourth street, or to M. A. Scott, Janitor, at the College Buildings. 202

DR. KINNE'S NEW TRUSS—cheap, clean, durable and comfortable. Invaluable, especially for infants, for its cleanliness, a wet sponge being sufficient always to clean it thoroughly. Need never be removed for bathing, as water will not injure it. One Truss will last a lifetime, and from the peculiar properties of the material of the pads, they are cooler, more comfortable, and altogether better than the ivory, hard rubber, or any other kind of pad.

Pamphlets, with full descriptions and illustrations, may be had gratis by applying to

KINNE & PHILLIPS,
202 182 Broadway, and 2 John Street

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1860–61.

FACULTY.

T. L. BUCKINGHAM, D.D.S.
Professor of Chemistry and Metallurgy.

J. H. McQUILLEN, D.D.S.
Professor of Anatomy and Physiology.

WILLIAM CALVERT, D.D.S.
Professor of Mechanical Dentistry.

J. L. SUSSEROTT, D.D.S.
Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.
Professor of Dental Physiology and Operative Dentistry.

D. H. GOODWILLIE, D.D.S
Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S.
Demonstrator of Mechanical Dentistry.

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

For further information, address

W. CALVERT, Dean,
133 North Eleventh street,
197—ew13t Philadelphia.

A COURSE OF INSTRUCTION IN ANALYTICAL CHEMISTRY, therapeutical and practical, and with the especial view to the wants of the physician, will be commenced early in July. The course will close with the Analysis of Animal Fluids, Blood, Urine, &c.

Applications to be made at the laboratory of

J. M. MAISCH,
800 Arch Street.
Organic and Inorganic Analyses promptly attended to. 190

TO

Physicians and Druggists.

THE UNDERSIGNED, HAVING PERFECTED HIS ARRANGEMENTS FOR EXTENDING THE MANUFACTURE OF THE VARIOUS

HYPOPHOSPHITES,

[AFTER THE ORIGINAL FORMULA OF DR. CHURCHILL]

Is now prepared to supply the Medical Profession, and Druggists, with his *chemically pure* and *reliable* Preparations of these SALTS, in all quantities, and at the shortest notice.

It must be obvious to every candid and thoughtful physician, that the importance of *pure remedies*, in the treatment of disease, cannot be overrated, or too strongly insisted upon; as, upon this *point*, absolutely depends their therapeutical value.

The professional, as well as non-professional person, who reads Dr. CHURCHILL'S TREATISE and the accompanying documents, with ordinary care, will at once perceive how essential it is that the HYPOPHOSPHITES should be perfectly free from excess of *lime, carbonates, phosphates, &c.*, the presence of which, *even in small quantities*, renders them "ENTIRELY UNFIT FOR MEDICAL USE."

In regard to my "Preparations," I need only refer to the uniform testimony of the Medical Profession in their favor, wherever they have been used. They are now considered THE STANDARD PREPARATIONS OF THE HYPOPHOSPHITES IN THE UNITED STATES.

WINCHESTER'S GENUINE PREPARATIONS.

Price List.---Terms Cash.

HYPOPHOSPHITES OF LIME AND SODA.....	(combined).....	7-oz. bottles,		$1 00
" " "	do.....	16-oz.	"	2 00
HYPOPHOSPHITE OF POTASSA.....		7-oz.	"	1 00
" MANGANESE.....		7-oz.	"	1 00
" QUININE.....		7-oz.	"	1 00

☞ Physicians and Druggists supplied by the dozen, or larger quantities, at the usual discount.

PURE SOLUTIONS OF THE SEPARATE SALTS.

For Physicians' Prescription Only.

HYPOPHOSPHITE OF LIME.....	3-oz. ground stoppered bottles,			$1 00
" SODA.....	6-oz	"	"	1 00
" POTASSA.....	6-oz.	"	"	1 00
" MANGANESE.....	6-oz.	"	"	1 00
☞ Prices to the Trade, invariably, by the dozen.....				8 00

DRY SALTS.

HYPOPHOSPHITES OF LIME, SODA, AND POTASSA, each, per ounce, net..	$0 50
" MANGANESE.....	0 50
" QUININE, in ¼-oz. bottles.....	1 50

N. B.—The use of *Hypophosphite of Iron*, in Consumption and Chlorosis, is considered to be contra-indicated, and I do not, therefore, prepare this salt. (See opinions of Dr. CHURCHILL and M. TROUSSEAU, in TREATISE.)

☞ Orders for my Preparations can be addressed to either of the Wholesale Drug Houses of New York; to my Wholesale Agents, or to

J. WINCHESTER,

At the Sole General Depot, 43 John street, N. Y.

DR. CHURCHILL'S TREATISE ON CONSUMPTION.

Second Edition---With a Copious Appendix,

IS NOW READY, containing the Report of Dr. Quain, of the Brompton Consumption Hospital, London, adverse to the use of the Hypophosphites, with an Analysis of the Report, by the Publisher: also, the Chemistry of the Hypophosphites: Reports of Cases, by Drs. Townsend, Walton, Benj. Weeks, Gibbs, and numerous others in America: Dr. Dickson, and others, of Great Britain—ALL sustaining Dr. CHURCHILL, and enthusiastically testifying to the INVARIABLE EFFICACY of his TREATMENT. Sent GRATIS to Physicians and Invalids. Address

J. WINCHESTER, Publisher, 43 John st. N. Y.

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Piils are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P.	$0 37½
Aloes et Assafœt: U. S. P.	37½
Aloes et Ferri	37½
Pulv: Aloes, Socot: ½ gr.	
" Zingib: Jam: 1 gr.	
Ferri Sulph: Exsic: 1 gr.	
Ext: Conii ½ gr.	
Aloes et Mastich: (See Pil: Stomachicæ)	37½
Aloes et Myrrhæ, U. S. P.	37½
Anderson's Scots:	37½
Pulv: Aloes Socot:	
" Sapon: Hispan:	
" Fruct: Colocynth:	
" Gambogiæ	
Oleum Anisi	
Anti-bilious (Vegetable)	37½
Pulv: Ext: Coloc: C: 2½ grs.	
Podophyllin ¼ gr.	
Assafœtidæ, U. S. P.	37½
Bismuth: Subnit: 3 grs.	37½
" Subcarb 3 grs.	37½
Calomel: 3 grs.	37½
" Comp: (Plummer's) grs.	37½
Calomel	
Oxysulph Antimony	
Guaiacum Resin	
Calomel et Opii	37½
Calomel 2 grs.	
Opium 1 gr.	
Cathart: Comp: U. S. P.	37½
Cinchon: Sulph: 1½ grs.	50
Cook's, 3 grs.	37½
Pulv: Aloes Soc: 1 gr.	
" Rhei 1 gr.	
Calomel ½ gr.	
Sapo Hispan: ½ gr.	
Colocynthidis Comp: 3 grs.	37½
Ext: Coloc: Comp: U. S. P.	
Copaibæ, U. S. P. 3 grs.	37½
Copaibæ et Ext: Cubebæ	37½
Pil: Copaibæ, 3 grs,	
Ext: Cubebæ 1 gr.	
Copaibæ Comp:	37½
Pil: Copaib:	
Resin Guaiac:	
Ferri Cit:	
Ext: Cubeb:	
Fel Bovinum,	50
Inspisated Oxgall 2 gr.	
Powd: Jamaica Ginger, 1 gr.	
Ferri (Quevenne's) 1 gr.	37½
Ferri Carb: (Vallett's) U. S. P. 3 grs.	37½
Ferri Citrat: 2 grs.	37½
Ferri Comp: U. S. P.	37½
Ferri Iodid: 1 gr.	50
Ferri Lactat: 1 gr.	37½
Ferri et Strychniæ	62½
Strychniæ 1-60 gr.	
Ferrum per Hydrogen (Quevenne's) 2 gr.	

PIL: Ferri Valer: 1 gr.	75
Ferri et Quin: Cit: 1 gr.	50
Ferri et Strychniæ Cit: 1 gr.	37½
Strychnia Cit: 1-50 gr.	
Ferri Cit: 1 gr	
Galbani Comp: U. S. P.	37½
Hooper (Female Pills)	37½
Hydrargyri, U. S. P. 3 grs.	37½
Ipecac et Opii, 3½ grs.	37½
Pulv: Doveri, U. S. P.	
Opiii, U. S. P. 1 gr.	37½
Opii et Camphoræ	50
Pulv: Opii, 1 gr.	
Camphoræ, 2 grs.	
Opii et Plumbi Acet:	37½
Pulv: Opii, ½ gr.	
Plumbi Acet: 1½ grs.	
Quiniæ Sulph: 1 gr.	75
Quiniæ Sulph: 2 grs.	1 25
Quiniæ Comp:	1 00
Quin: Sulph: 1 gr.	
Ferrum per Hydrogen (Quevenne's) 1 gr.	
Acid Arsenious 1-60 gr.	
Quiniæ et Ext: Belladon:	75
Quiniæ Sulph: 1 gr.	
Ext: Belladon: ½ gr.	
Rhei, U. S. P.	37½
Rhei Comp: U. S. P.	37½
Scillæ Comp: U. S. P.	37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr.	37½
Pulv: Aloe Scott:	
Gum: Mastich:	
Flor: Rosæ	
Zinci Valerian: 1 gr.	75
GRANULES, Acid: Arsenious, 1-20 gr.	25
" " 1-50 gr.	25
Aconitia, 1-60 gr.	50
Atropia, 1-60 gr.	50
Corrosive Sublimate, 1-12 gr.	25
Digitalin, 1-60 gr.	50
Elaterium (Clutterbuck's) 1-10 gr.	38
Extract Belladonna, Eng: ¼ gr.	25
" Cannabis Indica, ¼ gr.	37½
" Hyoscyamus, Eng: ½ gr	25
" Nux Vomica, ½ gr.	37½
Mercury Iodide, ¼ gr.	25
" Red, 1-16 gr.	25
Morphia Sulphate, 1-10 gr.	37½
" " 1-6 gr.	50
" Valerianate, ⅛ gr.	62½
Quinia Valerianate, ½ gr.	1 00
Silver Nitrate, ¼ gr.	37½
Strychnia, 1-20 gr.	37½
" 1-40 gr.	37½
Veratia Sulphate, 1-12 gr.	37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 180, 1y

J. M. MIGEOD,

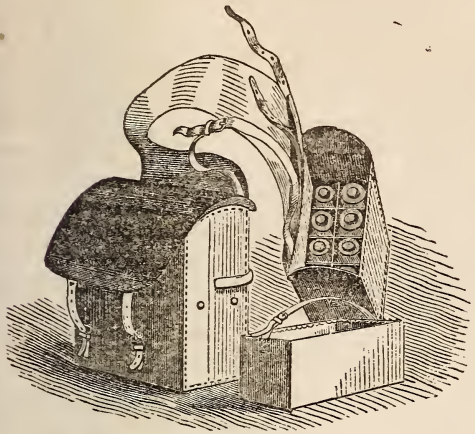
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12	1	oz. Ground Stop. Bottles and			
	12	½	oz. " "			$9 50
No. 2, containing	10	1	oz. " "	and		
	10	½	oz. " "			8 50
No. 3, containing	8	1	oz. " "	and		
	8	½	oz. " "			7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24	1	oz. Ground Stop. Bottles,	$10 50
No. 5, "	20	1	oz. " "	9 50
No. 6, "	16	1	oz. " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24	1	oz. Ground Stop. Bottles,	$10 50
No. 8, "	20	1	oz. " "	9 50
No. 9, "	16	1	oz. " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27	1	oz. Ground Stop. Bottles,		
" "	18	½	oz. " "		
" "	4		Pots, " "	and	
" "	1		Mortar, " "		$19 00
No. 2, containing	21	1	oz. Ground Stop. Bottles,		
" "	14	½	oz. " "		
" "	4		Pots, " "	and	
" "	1		Mortar, " "		$15 50
No. 3, containing	18	1	oz. Ground Stop. Bottle		
" "	10	½	oz. " "	and	
" "	4		Pots, " "		$12 00
No. 4, containing	20	1½	oz. Ground Stop. Bottles	and	
" "	2		Pots, " "		$8 50
No. 5, containing	15	1	oz. Ground Stop. Bottles,		$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9	1½	oz. Ground Stop. Bottles,		
" "	18	1	oz. " "		
" "	18	½	oz. " "		
" "	4		Pots, " "	and	
" "	1		Mortar, " "		$20 00
No. 2, containing	7	1 1½	oz. Ground Stop. Bottles,		
" "	14	1	oz. " "		
" "	14	½	oz. " "		
" "	4		Pots, " "	and	
" "	1		Mortar, " "		$16 50
No. 3, containing	14	1	oz. Ground Stop. Bottles,		
" "	14	1½	oz. " "	and	
" 4	4		Pots, " "		$13 00

126 y

Palmer's PATENT LEG & ARM. STUDIO 1320 LATE 376 CHESTNUT St. PHILADELPHIA.

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER.

JOHN S. WARNER,

SILVER SURGICAL INSTRUMENT MANUFACTURER.

PESSARIES OF EVERY DESCRIPTION OF PATTERN, APproved by Professors Hodge and Meigs, and the late Dr. Dewees. No. 25 North Sixth street, Philadelphia.

174

DENTAL INSTRUMENTS—TEETH.

JOHN KLEIN,

No. 22 North Eighth Street, Philadelphia,

MANUFACTURER OF ALL KINDS OF

PORCELAIN TEETH, DENTAL INSTRUMENTS, MATERIALS, &c.,

188 WHOLESALE AND RETAIL.

RICHARD H. DUTTON'S

ARTIFICIAL LEG.

PATENTED APRIL 12, 1859.

The peculiar simplicity of this LEG enables the Inventor to manufacture them at very reasonable rates, and guaranties them to be more durable and perfect than any other Leg before the public.

All letters, orders, etc., addressed to R. H. DUTTON, 109 South EIGHTH Street, Philadelphia, will be promptly answered.

☞ Blank Measures sent to any address.

N. B.—All kinds of Artificial Limbs repaired on reasonable terms. 183

COLLEGE OF PHYSICIANS AND SURGEONS,

CORNER 23d STREET AND FOURTH AVENUE,

NEW YORK.

FIFTY-FOURTH SESSION 1860-'61

EDWARD DELAFIELD, M. D., President of the College, and Professor Emeritus of Obstetrics.

ALEXANDER H. STEVENS, M. D., LL.D, Professor Emeritus of Clinical Surgery.

JOHN TORREY, M. D., LL.D., Professor Emeritus of Chemistry and Botany.

JOSEPH MATHER SMITH, M. D., Professor of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudenca.

ALONZO CLARK, M. D., Professor of Pathology and Practical Medicine.

JOHN C. DALTON, Jr., M. D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Professor of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOTT, M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy and Curator of the College Museum.

The Fall Course will commence on Monday, 24th September, and continue until 22d October.

This course is *free* to the Matriculated Students of the College.

The Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures, $105. Graduation Fee, $25. Demonstrator's Fee, $5. Matriculation Fee, $5.

JOHN C. DALTON, Jr., M. D.,
192—3m. *Secretary of the Faculty.*

NEW YORK MEDICAL COLLEGE,

No. 90 East 13th street, near Fourth Avenue.

ELEVENTH SESSION, 1860-61.

FACULTY.

Robert Ogden Doremus, M. D., Professor of Chemistry.

John Murray Carnochan, M. D., Professor of Clinical and Operative Surgery.

D. Meredith Reese, M. D., L.L. D., Professor of the Theory and Practice of Medicine and Medical Jurisprudence.

B. I. Raphael, M. D., Professor of the Principles and Practice of Surgery and Surgical Pathology.

A. K. Gardner, M. D., Professor of Clinical Midwifery and Diseases of Women.

Jno. O. Bronson, M. D., Professor of Anatomy.

Chas. A. Budd, M. D., Professor of Theory and Practice of Midwifery.

A. Jacobi, M. D., Professor of Infantile Pathology and Therapeutics.

B. L. Budd, M. D., Professor of Toxicology.

*** The Chairs of Physiology and Materia Medica are vacant, but will be filled in time for the opening of the Session.

Fowler Prentice, M. D., Demonstrator of Anatomy.

Thos. A. Whitney, Assistant Demonstrator.

James H. Brush, M. D., Prosector to the Professor of Surgery.

Simeon Abrahams, M. D., Assistant to the Professor of Surgery.

The Preliminary Course by the Faculty will open on Monday, September 17th, with daily lectures and cliniques, and be free to all matriculants.

The Regular Session for 1860-61 will commence on Monday, October 15th, and continue until the middle of March, with four lectures on each day, in addition to daily cliniques on Medicine, Surgery and Obstetrics, conducted by the Faculty.

Demonstrative and Practical Teaching will be a distinctive feature in this School, especially in *Chemical Analyses*, *Operative Surgery*, and *Practical Anatomy*.

FEES.

For a full Course of Lectures, $105; Matriculation, $5; Demonstrator's fee, $5; For final examination for a degree, $30.

Good boarding may be had in the vicinity of the College, at from $3 to $4 per week.

Further information may be obtained by addressing the undersigned, No. 70 Union Place, New York.

R. O. DOREMUS, M. D.,
202 Dean of the Faculty.

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1860-'61.

FACULTY.

B. Howard Rand, M. D.,	Professor of	Chemistry.
Henry Hartshorne, M. D.,	"	Practice of Medicine.
Lewis D. Harlow, M. D.,	"	Obstetrics, &c.
William S. Halsey, M. D.,	"	Surgery.
Wm. Hembel Taggart, M. D.,	"	Materia Medica.
James Aitken Meigs, M. D.,	"	Institutes of Medicine.
Wm. H. Gobrecht, M. D,	"	Anatomy.

Theodore A. Demmé, M. D., Demonstrator of Anatomy.

The session of 1860-'61 will commence on Monday, 8th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

The Rooms for Practical Anatomy will be open early in September.

A Medical, Surgical, and Obsterical Clinic, is held at the College every Wednesday and Saturday.

Each second course Student is furnished with a ticket to the Pennsylvania or Philadelphia Hospital, *free of charge.*

Examinations are conducted daily by each Professor in his Department.

☞Instead of the usual Introductory Lectures there will be but *one general Introductory;* after which the regular Lectures of the course will commence *without delay.*

FEES.

Matriculation, (paid once only,) - - -	$5 00
For each Professor's Ticket, - - - -	15 00
Graduation, - - - - - - -	30 00

LEWIS D. HARLOW, M. D., *Dean,*
199—eowt01 *No. 1023 Vine, below 11th Street.*

DAILY WINTER EXAMINATIONS

IN CONNECTION WITH THE LECTURES

Delivered in the Jefferson Medical College

BY

D. D. RICHARDSON, M. D.,

Senior Resident Physician to Philadelphia Hospital, Blockley, and Demonstrator of Anatomy in Philadelphia School of Anatomy, and

JNO. W. LODGE, M. D.,

Formerly Resident Surgeon to Philadelphia Hospital, Blockley.

The Course of Instruction will embrace a full series of Examinations, which will be held each day at 9 A. M. and 3 P. M.

On the first of January the Review Examinations will be commenced, and continued during the lectures, thereby bringing the whole course delivered in *Jefferson Medical College* several times before the class, prior to their final examination by the Professors.

ORDER OF EXAMINATION.

Chemistry, Materia Medica, Obstetrics, } Dr. Richardson.

Physiology, Practice of Medicine, } Dr. Lodge,

By arrangement, our Class will be admitted to Dr. Agnew's Examinations on Anatomy and Surgery.

Especial attention will be given to preparing students for the Medical Staff of the Army and Navy.

No effort will be spared in contributing to the thorough preparation and advancement of our class.

Dr. Richardson being Demonstrator of Anatomy at Dr. Agnew's, will enable him to assist the Class in their anatomical studies.

For further information, address

J. W. LODGE, M. D.,
123 South Seventh Street, Philadelphia, Pa.
198—ew Fee for the whole Course, $30.

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 205. } PHILADELPHIA, SEPTEMBER 22, 1860. { NEW SERIES VOL. IV. NO. 25.

ORIGINAL DEPARTMENT.

Communications.

Wholesale Prophylactic Treatment of Miasmatic Diseases by the Removal of the Cause—Completely Successful Result.

By J. T. Calhoun, M. D.,
Of Rahway, N. J.

It is the popular opinion, that the mission of the physician is merely to heal the sick. We of the profession know that it extends beyond this narrow sphere, and that it is as much our duty to prevent disease as it is to treat it when beyond prevention. The prophylactic treatment is much the more important, and it is with no little satisfaction, as a medical man, that I at this time record, in the annals of the profession, one of the most complete and successful attempts, to prevent disease on record, if, indeed, there is recorded any case where the attempt to prevent miasmatic diseases over a number of square miles of country has been crowned with such complete and positive success.

The city of Rahway, at this time containing some seven thousand inhabitants, is one of the suburban cities which dot the northern part of New Jersey within a radius of from 20 to 40 miles from the great Empire city, and which are, in reality, but suburbs of that great commercial centre. It has but recently donned a corporate garb; but, as a village, it has long been noted for two things: the manufacture of carriages, and miasmatic diseases. Through its centre runs a little stream, dignified with the name of river, which, with its branches, was crossed by five dams. These dams flooded many acres of ground, and from these partially flooded meadows was generated the miasmatic poison. The reputation of the village for miasmatic diseases, was well deserved. A stranger entering it but for a few days even, was sure to be attacked with one form or other of malarious disease. The old settlers, (those who were acclimated,) as a general rule, were comparatively free from such diseases. We say comparatively exempt only when considering the liability of new comers to be attacked, for it was no uncommon thing for whole families, residents for years, to be prostrate with intermittent or remittent fever. A person moving into the village, was *sure* to be attacked ere a year had passed over his head. The autumnal season was certain to affect him, even if he had passed through the spring and summer unscathed. It does not take long for a bad name to spread, and when as well deserved as it was in this case, it was no wonder that, for miles around, the very name of Rahway was synonymous with sickness. No person walking through the village, on an autumn evening, could fail to discern the cause for this pitiable condition of health. The cause was obvious to all his senses. He could *see* the fog rising from the surface of the ponds, and rolling along with the gentle breeze; he could *feel* the moisture as it rolled over him, and he inhaled with every breath its poison-loaded contents, and he could *smell* the odor of decaying vegetation.

It was a fact patent to every one, that the cause must be removed ere the sickness was got rid of, and be got rid of it must, for, while a paradise for doctors, the place was a pest-house for the people. The physicians did not hesitate in pointing out the

remedy, which was to remove the dams and drain the overflowed meadows. The advent of the deadly, and hitherto almost unknown, pernicious fever, added to the already too grievous intermittent and remittent, formed a burden too weighty to be borne; and, in the fall of 1853, a public meeting was called to take measures for the removal of the dams. The physicians to a man, to their praise be it spoken, strongly urged the measure, although they knew it would reduce their income. The movement was strongly opposed. To the physicians improper motives were imputed, and every means was used to thwart the designs of the friends of the proposed removal. The movement, however, went steadily onward. Dr. David S. Craig, a retired physician, introduced a bill into the legislature, of which body he was at that time a member, granting authority to remove the dams, and by his aid, backed by many public-spirited citizens, the bill was passed. From some legal reason, it proved to be inoperative, and a supplement was passed the following winter to make the act operative. Its constitutionality was then contested; but, on the 1st of February, 1855, the exertions of the friends of the measure were brought to a successful result by the removal of two of the dams. They had triumphed over every obstacle.

The following winter two more of the dams were removed—the whole at a cost of between $30,000 and $35,000. The fifth dam, from its location and surroundings, was deemed but of little harm, and was allowed to remain. Many were the gloomy forebodings as to the result—many the evil prognostications by the unbelievers; but the succeeding summer and autumn rolled around but to dissipate all fears, and to establish the fact that the removal of the dams was right, and that the result more than fulfilled the promises of health which had been held out. Rahway changed from one of the sickliest to one of the most healthful towns in this State.

Sufficient time has now elapsed to show that the good results were not temporary. Formerly, chills and fever was a household friend, if I may so express it. Every family knew enough to diagnose them without difficulty. The Irish servant girls, as a class, were probably oftener affected than any other class of persons. Remittent fever was, next to intermittent, the most common disease the physician was called upon to treat. All diseases were, more or less, altered in their nature or affection in some way by this miasmatic poison. Such *was* the state of things. Mark the contrast! *Now* a case of miasmatic disease is rarely seen. A few sporadic cases now and then occur; but they are few and far between. "The chills" are unknown in the family. The doctors, from being "driven to death," are now enabled "to take their time." What has been the exact decrease, I am unable to determine. I have heard it said by one physician, that we have not one case of miasmatic disease now where there were formerly a thousand. I believe myself, that, if we place it at one case now where formerly were 500, we should not be very far from the mark. This may appear extravagant to a stranger; but, when I look back and think of the vast multitude of cases never seen by physicians, but treated by domestic remedies or quack medicines, I feel convinced that such an estimate is not far from correct. To mention but a single fact as corroborative proof, Mr. A. C. Watson, the principal druggist, tells me that, before the removal of the dams, he sold, on an average, one ounce of quinine a day, to say nothing of the pounds of bark and its preparations with countless quantities of cholagogues, and the hundred other empirical tonic mixtures and pills. Now he sells an ounce of quinine about *every three months*, and scarcely ever has a call for any of the empirical anti-periodical preparations. But, assuming even, that only one case of miasmatic disease occurs now where a hundred were formerly seen, (for I do not wish to exaggerate even unintentionally, and it is better to be within than beyond the mark,) and how great and incaculable has been the benefit! The physicians and druggists alone have suffered; the benefit to the citizens has been incalculable, where once were acres of decaying vegetation, generating the pestilential

malaria; now are seen fields of waving grain, and on the spots over which in my boyhood I have skated, now are seen large factories, resounding with the ring of the anvil or the stroke of the hammer. I have no doubt that the people of Rahway have already been more than repaid for the outlay incident to this improvement, to say nothing of the rise of property, the saving to the mechanic of the many days annually lost by sickness, will more than pay it. It is a strange fact, that there has been very little sickness of any kind since the removal of the dams—whether attributable to that cause or not, may perhaps be questionable. Epidemics of scarlatina and variola have visited neighboring cities and villages, and we have been exempt. We have become emphatically a healthy city.

I cannot close this article without an humble tribute to two veteran members of our profession, who stood forth prominently among the strong advocates of this important measure. It may, perhaps, be safely stated, that, without the help of Drs. Moses Jaques and David S. Craig, this work would not have been completed, and our village would have remained the same pestilential hole it was for so long a time. Aged physicians, both of them, retired from the active duties of their profession, they returned again to the contest with disease, and obtained over it a victory before which their former triumphs were as nothing, and which will tell on all future generations, and remain a monument to their memories long after they have passed from the stage of life. One (Dr. Jaques) is already an inhabitant of the silent city of the dead. Dr. Craig still lives to witness the complete success of his efforts, and, although prevented by an intra-capsular fracture of the femur from taking an active part in every good work, as was his wont, he is still spared to witness some of the blessings he did so much to confer upon all future generations.

Cholera at Tangier.—Advices from Tangier announce that the cholera, which had shown itself with some violence, was visibly declining, and that it was expected the city would soon be free from this scourge.

The present State of Ophthalmoscopy.

By Max Kuechler, M. D.,
Of Newark, N. J.

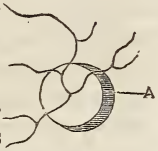
No. 7.

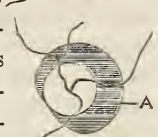
Extravasation from the Choroideal Vessels.—The extravasations found in the choroidea, are mostly of a sanguineous character, and the blood may be found in various localities. If the extravasation pushes its way forward to the vitreous humor, opacities of that body arise, and we have pathological conditions, such as we have previously described them under the chapter of "opacities of the vitreous humor." When the bloody extravasation takes place between the choroid and retina, it will, if of any extent at all, unavoidably result in separation of the retina. This is readily recognized by the ophthalmoscope. But when the extravasation or exudation occurs between the choroid and scleroid, the diagnosis is rendered the more difficult, as the ophthalmoscopic image produced thereby can hardly be distinguished from a tumor of any kind under the choroid. Another circumstance rendering a differential diagnosis difficult, is, that in tumors as well as in bloody extravasations, situated between the choroid and sclerotica, the choroideal vessels can be more readily recognized than in the normal state, and present the same image on examination.

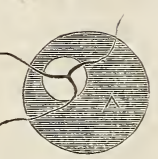
One not familiar with ophthalmoscopic examinations, might even confound an extravasation between the retina and choroid with a tumor or an extravasation between the choroid and sclerotic. But, on a close examination, it is readily found, that in the former the blood-vessels of the choroid are not visible, while in both the latter changes the choroideal vessels appear very prominent.

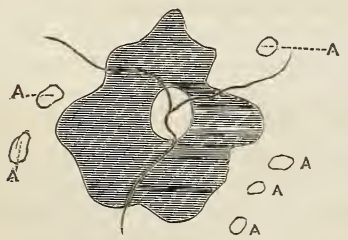
Small extravasations between the retina and choroid, not sufficient to cause a separation of the two membranes, may easily be confounded with retinal apoplexy. The only landmark for a differential diagnosis in this case, consists in the different form of the vessels. In retinal apoplexy, the retinal vessels appear of course, somewhat effaced, while in simple extravasations the vascular arrangement appears normal.

A very frequent, and, in ophthalmological examinations, striking disease of the fundus, is the so called *sclerotica-choroiditis posterior*. This affection commences in the neighborhood of the intraocular portion of the optic nerve, in the form of a crescent, as a greyish, clear space, (fig. 1, *a*,) which crescent increases, surrounding the optic nerve, as it advances closer and closer, (fig. 2,) assuming a lighter hue, until it appears even sometimes like the illuminated disc of the optic. Thus the crescentic space enlarges until it forms a circle, which surrounds the optic nerve. (fig. 3.) This whitish space, or circle, around the optic nerve, is a reflection of the scleroid—the choroid having lost its pigment in consequence of the inflammatory progress. Frequently a bright layer of exudation is spread over this space, which is not, however, an object of ophthalmoscopy. As the disease progresses, however, the circular shape of the disc surrounding the optic is frequently lost, the disease extending unequally at different points, and thus presents the appearance at last of fig. 4.









In the neighborhood of the diseased surface, are often seen small, whitish spots, (fig. 4, *a*,) the result of retinal or choroideal atrophy, caused by the sclerotico-choroiditis. The outer limit of these spots is surrounded by a darkish pigmentary layer of the choroid.

A further affection of the fundus of the eye is the *sclerotico-choroiditis disseminata*. At its commencement, no change is found in the neighborhood of the optic nerve; but between the optic nerve and the equator bulbi are seen solitary spots, roundish or somewhat elongated, at a certain distance from the optic pupil. As the disease progresses, these spots increase in size, and finally merge into each other. In this manner they approach the optic nerve, and may surround it in a manner to give us the precise image of a sclerotico-choroiditis posterior. In its pathologico-anatomical relations, this affection is identical with sclerotico-choroiditis posterior; the same tunics are affected; the disease, once commenced, progresses and changes the membranes attacked in the same manner. Only the local origin, the original seat of the disease, is different.

In our next, we shall consider the pathological alterations of the retina.

Case of Empyema, following Typhoid Pneumonia; Operation; Death.

By D. Webster Bland, M. D.,
Of Schuylkill Haven, Pa.

Statistics of cases aid us in deducing inferences. The treatment as well as the termination of cases is a subject of peculiar importance to all. It affords me great pleasure to give your readers an account of an interesting case of empyema; the sequela of typhoid pneumonia.

Miss B——, æt. 18 years, of nervous temperament and scrofulous disposition, was attacked with pneumonia of both lungs in the spring of 1858. Two members of the family were lying ill at the same time. The disease soon assumed a typhoid type, when the diffusible stimuli were freely used. The right lung recovered its tonicity and natural resonance very prettily, while the left remained congested, and soon suppurative inflammation in that side of the chest supervened.

The respiration of the left lung was not perceptible. The heart's action was hurried, and its pulsation somewhat tumultuous. The heart was greatly displaced, its right auricle being pushed out under the cartilaginous attachment of the right ribs to the sternum. The respiration was accelerated, amounting to twenty-eight per minute; pulsation about 96

per minute. The intercostal spaces were full and even with the ribs. Percussion gave a full dull sound over the entire left side of the chest. Position changed the character of the sounds upon percussion and auscultation, indicating the gravitation of fluid. Pus had been freely expectorated for a week previous to the operation.

The operation for empyema was performed Oct. 14, 1859. The integuments were drawn tense; an incision was carefully made down upon the intercostal muscle. An opening was then made with a scalpel into the thorax, between the seventh and eighth ribs, mid-way. A canula was introduced, and a half-gallon of pure yellow fetid pus escaped.

During the discharge, the pulse sank, and brandy and water was freely given. A tent was inserted, and a bandage applied to the chest; ½ gr. of morphine was ordered every three hours, and the patient left for the night.

Oct. 15. Patient slept well. The heart had partially regained its normal position; pulse full and less frequent. The tent was withdrawn, and two and a half pints of pus, slightly mixed with blood, were drawn. A tonic mixture was directed as follows: tinct. ferri chlor. f℥j., sulp. quiniæ, ℈ii., syrup. limonis., f ℥ij, and desertspoonful ordered to be given three times a day. Anodyne continued.

Oct. 16. Patient improving; bowels opened, color of fæces good. The tent was removed, and one pint of pus escaped. Treatment continued.

Oct. 18. Tent withdrawn, one and a half pints of matter discharged; beef tea, and tonics continued.

Oct. 20 and 21. Pus still abundantly secreted, three pints being removed in two days. Particles of diseased lung were found suspended in the pus. Discharge very fetid.

Oct. 22. 1½ pints of pus again removed, fetor increasing—patient obliged to inhale camphor during the discharge. Alterative medicines prescribed in connexion with other remedies.

The patient was now able to remove the tent herself, and attend to the discharge. Vomiting took place, which was easily arrested, with small doses of morphia and calomel.

Oct. 24. Patient more comfortable. The tent was ordered to be removed every three and four hours during the day. The treatment was changed according to the symptoms present. Cod liver oil was used with good effect. During several weeks of the patient's illness, she was able to dress herself and walk about the house. The discharge varied in quantity and consistency, changing from a thin watery discharge to a healthy, thick yellow pus. At times no pus flowed; but generally on the succeeding day as much as two pints and a half would escape.

The patient lingered until the month of August, 1858, when she died.

From the day the operation was performed, up to the time of her death, the prodigious quantity of *thirty-one and a half gallons* of pus was discharged from her left side. She was very much emaciated, but her general health was good, throughout the continuance of the discharge.

The superstition of the parents of the deceased prevented us making a post-mortem examination, so much desired by her attending physician.

The case was attended, and the operation performed by J. G. Kœhler, M. D., of Schuylkill Haven, assisted by myself.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Meigs.

Herpes Zoster.—A strong, robust sailor came into the hospital on Monday last, having been sick for five days. He had first been taken with a pain in his right side, of a sharp, extremely severe character. He complained then of nothing else but this pain. Three days later an eruption appeared on the back of his right side, and extending around the loin, on that side. It presented the well marked characteristics of herpes zoster. The pain still continues, but not as severe as before the eruption.

Herpetic eruptions are generally associated with a disordered state of the blood. The pain is characteristic of the disease; it frequently continues for

weeks, and sometimes even months after the eruption has gone.

The treatment in this case was a blue pill at night, followed by castor oil. Locally a belladonna plaster may be applied, or a liniment, composed of tincture of opium, aconite, and sweet oil. Watson recommends to give iodide of potassium and quinine, if the pain is very severe.

Pathological Specimens—Remarks.—The patient from whom the first specimens were obtained had entered the hospital on the morning of ———. He was thirty years of age, and for some time back had been very dissipated, having had several attacks of delirium tremens. He presented the symptoms of approaching delirium tremens when entering; white tongue, tremulous movements, pulse somewhat frequent, pale countenance; he was put on tincture of bark and lupulin. He did not sleep. Toward evening on the day of entrance his pulse rose to 120, and still later at night he became suddenly worse. The pulse rose to 130–40; the patient sank in a comatose condition, and died at four o'clock in the morning.

On Post-mortem examination, a very small amount of urine was found in the bladder, and this, on being tested in the ordinary method, was found to contain albumen. This strengthened the suspicion that his death was due to uræmic poisoning, rather than to delirium tremens.

The *liver* was somewhat enlarged, and on microscopical examination, found to be loaded with fat cells, and oil globules.

The *kidneys* presented the usual appearances of atrophy from granular degeneration with the microcope, and were found to be deprived of their epitheium, and the cortical substances very much diminished.

The *heart* was not fatty; the *lungs* were healthy.

Uræmia in this case was the chief cause of death. As the renal degeneration advances in these cases, and the kidneys fail to eliminate the urea from the blood properly, the urea gradually accumulates in the system, and, acting upon the nerve centres as an irritant narcotic poison, produces often, very suddenly, convulsions, delirium, or as in this case, coma and death.

Diphtheria.—The next specimens presented were taken from a man 24 years of age, a strong, well built German, tailor by trade, who came to the hospital on Thursday afternoon, at 4 o'clock, P. M.

He stated, on his admission, that he had been taken sick on Saturday afternoon previously, but did not feel very sick until Thursday, when he walked to the hospital, a considerable distance.

His pulse then was 122; all the faucal structures were much tumified; the palatine arch, tonsils, uvula covered with a dirty-white, greyish exudation; the external cervical lymphatic glands behind and below the ramus of the lower jaw were tumified and hard. There was, and this is of especial importance in acute diseases of the fauces, in croup, scarlatina anginosa, maligna, diptheria, etc., acute œdema below the chin; there was difficulty of swallowing, his breathing labored, more frequent than natural; there was stridor trachealis, not however, the croupy stridor. In adults we rarely find, even in true membranous croup, the confirmed croupy stridor of infancy, on account of the different anatomical relations of the tracheal and laryngeal passages. Articulation was indistinct.

The patient became rapidly worse; at night the pulse was 132; he sank rapidly, and died toward morning. He was conscious almost to the last.

A post mortem examination was made, and the specimens are here presented.

You see the tongue, the palatine arch, tonsils, uvula, all swollen, and covered, more or less, with patches of exudation of a dirty, greyish color; going into the trachea we find a thick peseudo-membrane filling it almost completely, and extending into the secondary and tertiary ramifications.

Within a very short time some continental writers have stated in journals, that *albumen is almost always present in diphtheria.* We have examined the urine of this patient, and here you see quite a copious precipitate of albumen thrown down on the application of the heat and nitric acid tests. This is the first case in which I have had occasion to observe this phenomenon.

There is no doubt, from this and other facts, connected with this disease, that it depends upon a blood poison. Some believe it to be identical with, or analagous to scarlet fever, depending upon the same cause. Yet, though both diseases may have something alike, both being blood-diseases, yet we cannot consider them the same. Second attacks of scarlet fever are very rare. A patient who has had scarlet fever once, is almost sure to be protected from another attack of the same disease. Not so with diphtheria. Diphtheria does not protect against scarlet fever, nor *vice versa.*

In reference to the treatment of this, generally mild, but not unfrequently formidable disease, I prefer in the early stages the golden sulphuret of antimony, in combination with Dover's powder;—say $\frac{1}{4}$ of a grain of the former to $\frac{1}{2}$ a grain of the latter. Absolute repose in bed is imperatively demanded, as in all diseases depending upon a blood-poison. In the latter stages, and when the disease is of a very adynamic type, iron and quinine are indicated.

As a local application I prefer capsicum. The patient may either drink capsicum tea, or his throat

may be swabbed with a strong infusion of capsicum.

A good formula for the latter purpose is,

℞. Capsici ℥ii.
Acid. gallic. ℈ii.
Aquæ, f℥i to f℥iss.

Stimulating applications around the throat and neck are of service. A very good one is a mixture of equal parts of tincture of capsicum and tincture of cantharides, to be applied until the skin is reddened, and repeating when the effect begins to pass off.

Valvular Disease of the Heart.—We lost a patient yesterday, a man, thirty-seven years of age, who was taken sick last Christmas. He then commenced to have dropsical feet and anasarca; on examination valvular disease of the heart was diagnosed. His urine was highly albuminous, contained fibrinous casts, and epithelial cells from the kidney; there was great dyspnœa, the symptoms of obstructed venous circulation became gradually more and more marked; cyanosis supervened, and he died.

The *kidneys*, which you here see, have undergone the atrophic granular degeneration. They are fair specimens of Bright's disease. The cortical substance, as in the other specimen, which was shown, is encroached upon.

The *heart* is much enlarged; the walls of the left ventricle are thicker than normal, and its cavity larger; the right, on the contrary, is smaller and its capacity diminished.

The tricuspid valves are thickened and evidently unable to close completely; hence the regurgitation which was diagnosed during life, and hence also the venous pulsation observed in his case in both jugulars. The heart is not fatty.

The liver is "nutmeg," owing to obstruction of the hepatic veins, but its structure is not fatty. There is atrophy of the gall bladder, and closure of the cystic duct. The ductus communis seems to be pervious.

EPISCOPAL HOSPITAL.

Service of Dr. Kenderdine.

[Reported by Henry R. Tilton, M. D., Resident Physician.]

Lacerated and Contused Wound of the Foot—Partial Amputation—Result.—J. H., aged 25, while excited by liquor, attempted to ride on the side of a car, by holding to the windows; he slipped, and the wheel passed obliquely over the foot from the junction of the metatarsal of the little toe, and the cuboid, to the tip of the big toe. There was a fissure through the metatarsal space, separating the big toe from its neighbor; the skin was not elsewhere broken; there was some ecchymosis, and the parts felt boggy and cold; crepitus could be heard. The sides of the fissure were drawn together by adhesive plaster loosely applied, and the foot wrapped in flannel to preserve the vitality; it was unavailing; the parts grew darker and more boggy; a fermenting poultice was applied till the sloughs separated on the twelfth day. The patient was then etherized, the flesh worked backwards, with a small knife, more by pushing than cutting, and the metatarsal bones divided in the line of separation; the parts were then drawn forward, and closed by adhesive plaster and cerate. It united very slowly. He left the house in thirteen weeks, and limped in walking.

Gun Shot Wound of Penis, with the Results.—Hugh C., aged 16, had been amusing himself shooting woodcock. Preparing to return home, he thoughtlessly attempted to place a pistol loaded with small shot in his breeches pocket; in doing this, it exploded, and produced a serious wound of the penis. The shot entered the body of the organ just in advance of the pubes, and frightfully lacerated it up to the end, splitting the glans into three pieces, considerable portions of which subsequently sloughed. The bleeding was very difficult to stop, owing to the vessels having retracted in the cells of the spongy tissue; two vessels were tied, and the parts wrapped in cold cloths. There was some temporary stoppage of the urine, which required the catheter; on the second day he voided it freely, though it had a spiral course. There was, after a few days, much suppuration, but the wound healed rapidly; there was a great deal of lymph in the cellular structure, and the organ bulged very much in the middle, like a barrel; the glans was split to the centre, and the urethra opened below, producing a traumatic hypospadias. It was proposed to freshen the edges of the fissured glans and unite them by wire sutures, but the boy's disposition was intensely conservative, he wished to retain all he had, without further risk. In four weeks he was entirely well.

Dislocation of the Femur on the Dorsum Ilii of left side—Reduction—Compound dislocation of the Femur at the knee joint of the right side—Amputation—Death.—We have copied the following from the case book of Dr. Kenderdine. The extreme rarity of such cases justifies its publication. Henry Mullen, aged 38, while digging in a gravel pit was nearly buried, by the bank caving in upon him; he was undermining, and the bank fell upon his back. When brought to the hospital he was found with the above luxations. He was extremely prostrate from the shock and hemorrhage, having lost much blood, be-

fore a temporary tourniquet was placed on his limb. He required free stimulation. Taking advantage of his relaxed condition, the left femur was reduced soon after his admission, by placing a folded sheet in the perineum and extending the leg; it entered without difficulty. After waiting several hours for some reaction, the right thigh was amputated through the middle third, in the circular method, by Dr. Henry, and the limb dressed in the usual way. Brandy punch was given freely, but he sank rapidly, and died early the following day. No examination of the body was permitted, but it is highly probable that the man was injured internally. The femur was stripped of flesh nearly six inches; the leg drawn far up on the thigh, the popliteal nerve and vessels were severed, and the parts filled with blood. Sir Astley Cooper has seen but one such case, and mentions another which he amputated on the 27th day after its reduction, for mortification of the limb. Hamilton refers to few others.

Compound fracture of Skull—Elevation of depressed portion by Trephining—Death.—W. D., aged 45, was caught in the gearing of an engine, in a rolling mill, and forcibly dashed to the ground, causing a compound fracture of the frontal bone on the right side. The scalp was greatly lacerated and separated from the tissues beneath. One fissure of the bone ran down toward the eye for the distance of an inch and a half; the other was at an angle of forty-five degrees, and extended a distance of two inches in the direction of the zygomatic arch. The piece, included within these lines, was forced down upon the brain, and completely beneath the opposite edge of bone. The pupils were irregular, the breathing stertorous, and considerable rattling in the throat, owing to hemorrhage, which took place from the ear, nose, and mouth. Dr. Kenderdine was immediately sent for, but, as it was midnight, two hours and a half would elapse before he could get to the house; we therefore first endeavored to raise the depressed bone with the elevator, but it was so tightly jammed, that our efforts were fruitless. The gurgling in the throat increasing, we took the responsibility of trephining the patient to give him a chance, which we considered very small; the breathing was somewhat improved, but he continued insensible, and died twelve hours after admission. No examination of the body was permitted. There may have been a fracture at the base of the skull, but we are of the contrary opinion.

Cholera has prevailed in some part of Spain every year since 1854.

Sir Henry Holland has arrived in this country, to join the suit of the Prince of Wales.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B Atkinson, M. D., Recording Secretary.)

WEDNESDAY EVENING, SEPTEMBER 12.

DR. REMINGTON, (President) in the chair.

Subject for Discussion: ABORTION: ITS CAUSES, DANGERS, AND TREATMENT.

DR. JAMES M. CORSE opened the discussion by some remarks upon the distinction between the terms abortion, miscarriage, and premature delivery. He would apply the name of *abortion* to all those cases in which the expulsion of the uterine contents occurs prior to the period of viability of the fœtus. Abortion is then, an interruption of gestation before the new being can live an independent life. This division is necessary to prevent the extension of our remarks into the domain of obstetrics proper.

Abortion is frequently alluded to in the scriptures. It is also mentioned by Hippocrates; in the first century, by Celsus; in the second, by Galen; in the fifth, by Aetius; in the eleventh, by Avicenna; in the sixteenth, by Ambrose Paré; in the seventeenth, by Riverius and Mauriceau; in the eighteenth, by La Motte, and at the present time by all of our prominent obstetric authors.

The causes of this accident, were in part known to the ancients. From time to time, additions have been made by various writers, but no one has taken up the subject in a systematic manner. Desormeaux says, "he can hardly flatter himself with the idea of presenting a complete enumeration." La Motte says, it would be impossible to enumerate them. Dewees says, "the cause may be anything capable of exciting uterine contraction to a certain degree." In fact, the causes of abortion are so numerous and diversified that it has been found necessary to classify them. They have been variously divided into predisposing and exciting; remote and proximate; internal and external; accidental and habitual. We shall consider them under four principal heads; viz. Causes referable to the mother,

do do do ovum

do do to neither, as external causes;

and occult causes, or such as cannot be discovered. The first class may be subdivided into a. predisposing; b. exciting; and c. uterine.

In the first subdivision, or predisposing causes, referable to the mother, we may place weak bowels, portal congestion, weak lungs, nervous temperament, sanguine temperament, hemorrhagic diathesis, cachectic or syphilitic taint, mercurial poisoning, acquired habit, hereditary predisposition, severe and protracted previous labor, irregular menstruation, late marriage, conception too soon after delivery, masturbation in early life, hard labor, indolence, being

too warmly clothed or housed, or the opposite, over-eating, starvation, epidemic influence, faulty spermatozoae, faulty ovule. b. Exciting,—chronic diseases, as dropsy, phthisis, rheumatism, pains of any kind, hemorrhoids, constipation, urinary calculi, curvature of the spine, deformity of the pelvis, acute diseases, as pneumonia, pleurisy, diarrhœa, dysentery, strangury, gastritis, nausea, vomiting, fevers, exanthemata, convulsions, colic.

c. Uterine causes. Anatomical conformation, as excess or deficiency of nerves or blood vessels, varicose veins, deficient peritoneal covering, all abnormalities. Diseases, as rigidity or laxity of the uterine fibres, hyperæsthesia, congestion of the uterus or ovaries, feebleness of the neck of the womb, leucorrhœa, menorrhagia, endo-metritis, scirrhus, tumors, prolapsus, retroversion or anteversion, adhesion to the neighboring parts, cicatrices and constrictions of the vagina, etc.

Class 2. Referable to the ovum. Subdivided into a. those belonging to the fœtus; b. to the cord; c. to the placenta; d. to the amnion and chorion; e. the liquor amnii. a. Belonging to the fœtus: Monstrous conformation; death of the fœtus, the signs of which are flaccidity of the mammæ, sense of coldness in the abdomen, sense of unusual weight in the uterus, falling of the uterus from side to side, want of motion of the child, absence of sound of fœtal heart after fourth month, stilicidium of watery and ichorous discharge from the uterus, sudden cessation of morning sickness, feeling of languor, fetid breath, etc, hysterical symptoms, sinking of uterus.

Causes of death of fœtus are its own diseases, adhesion to the placenta, diseases of the mother, etc.

b. The cord, as its being too short or too long, twisted around the fœtus, diseased in its structures, of extreme density or softness, adherent, etc.

c. The placenta, as imperfect adhesion, placenta prævia, inflammation, apoplexy, calcareous deposit, fatty degeneration, etc.

d. The chorion and amnion, as great tenderness, or inflammatory thickening of these membranes.

e. The liquor amnii, too much or too little; and fluid between the membranes.

Class 3. External causes, as tight lacing, excessive coition, violent exertions, fatigue, puncture of membranes, pessaries improperly applied, injuries, sudden shock, drastic purgatives, hot baths, sudden emotions, various odors, super-lactation, etc.

Class 4. Occult causes. Under this head may be embraced causes which though not obvious, may be rationally inferred to exist. The feelings described by the patients, and set down as causes, are inward weakness, general debility, difficulty of breathing, sense of weariness, vague pains, irritation about the pelvic region, etc.

After every abortion, there is a disposition on the part of the organs to set up the same action at the same period of the next pregnancy, even though the cause be removed, and thus the habit is acquired. Mr. Young, of Edinburgh, relates the case of a woman under his care, who had thirteen abortions consecutively, and carried the fourteenth conception to full term. Schultze, in his practice, had a woman who miscarried twenty-two times, at about the same period of utero-gestation. While some women are so prone to abort, others can hardly be made to part with the contents of the uterus, of such, several wonderful cases, as recorded, were mentioned by the lecturer. He was called to a case of a lady, supposed to be dying; he found her laboring under hypercatharsis, with bloody stools, tenesmus, strangury, prostration, and cold clammy sweat. Upon investigation, he was left to suppose that she had taken some abortive medicine. She was treated on rational principles, according to indications; she went her full term, and was delivered of a strong healthy boy.

In another case, the morning sickness of pregnancy was excessive, and lasted most of the day, sometimes even coming on in the night. The patient became emaciated, and was confined to bed for several weeks. After all hopes of saving the fœtus were gone, and fears were entertained for her own safety, it was concluded to try minute doses of mercury. To the satisfaction of all, the symptoms abated, and she carried the fœtus to the full term.

Symptoms. Abortion rarely occurs unless from some sudden or violent cause, without giving some previous warning. The premonitory symptoms are such as indicate the death of the fœtus; also, such as indicate the invasion of some malady. Duges says, "it is rare that abortion shows itself without precursory symptoms, and indeed, it can hardly take place except in a case which is the effect of a direct violence. More often, one sees appear a few days in advance, the ordinary signs which precede all active hemorrhage, or else a plethoric or febrile state which takes place from it, and produces analogous effects, such as chills, alternating with heat, elevation of the pulse, cephalalgia, general heaviness, etc." Dewees says, the premonitory symptoms are depression of spirits, frequent urination, lassitude, pain in the back and loins, bearing down. On investigating cases of abortion, patients generally say, that they have been feeling bad for some time. Abortion, once begun, has the same symptoms labor.

The *diagnosis* is important, because the treatment adapted to amenorrhœa is directly opposed to that for preserving the ovum. This is known to women, and they often use this knowledge to procure an abortion. All enlargements of the womb resemble pregnancy and if, at the same time, the menstrual flow has been suspended, its recurrence

will look like abortion. The diagnosis, in early pregnancy, is far more difficult than after the fœtus has attained some considerable size, for then a per vaginam examination would settle the matter by revealing the state of the uterus during a pain. The pains, themselves, must be considered as affording some criterion by which to judge, for no other pains will be so strictly periodical, or completely intermittent. The *show* will have characteristics which, in a large number of cases, will afford some means of judging. If menstrual, the consistence will be thick and tenacious, and the color dark; if abortion, it will be thin or clotted, and of a more or less bright color. Rheumatism of the bowels, uterus, dorsal and abdominal muscles, neuralgia, colic and flatulence, all simulate labor and abortive pains; and if a hemorrhagic discharge takes place simultaneously, recourse must be had to a vaginal examination. This will often, though not always, enable us to form a correct opinion. There is, in approaching labor, a peculiar puffiness of the genitals, well known to obstetricians; this, the speaker had frequently seen in abortion, but never in the non-gravid state.

Polypus in the womb has been thought to produce symptoms resembling those of abortion, but a mistake could only momentarily occur, when a woman is aborting who menstruates during pregnancy. *Dysmenorrhœa* complicated with hypertrophy of the womb or other hypogastric enlargement during married life, would resemble abortion, and require close attention to the previous history of the case.

Prognosis and dangers.

Abortion has been considered by many writers more perilous than regular delivery. The prognosis will depend much upon the cause. Mechanical injury, or abortive medicines, as causes, will require a very *guarded prognosis*. Duges says, this will depend upon the amount of hemorrhage. But it would be supposed that other elements should enter into the consideration. Dr. C. had found death a rare occurrence in uncomplicated cases. The dangers are loss of blood, resulting in debility, anemia, dropsy, etc., inflammation of the uterus and appendages, and its results.

Treatment.—This will depend greatly upon the causes, and may be divided into preventive when threatened, and preservative when inevitable. For the first, it will be necessary to remove any existing pathological condition. Syphilitic taint is supposed to act by causing the death of the fœtus, or retarding its development, and the remedy will be antisyphilitic. Conception, too soon after delivery, requires abstinence from sexual embrace.

Acquired habit calls for rest, sometimes, in bed, for several weeks. Almost all authors agree that this is a most efficient means. Davis says, he has oftener succeeded by causing an entire revolution in the economy by the mercurial impression, gently and cautiously established, and maintained, for two or three months, not, however, pushed to salivation. The speaker was inclined to think that frequent abortions were often due to a chronic endo-metritis, or inflammation of the cervix, or os uteri, and instituted the proper treatment with satisfactory results. He suspected that the successful cases, related by Davis, were of the same nature. Such a state may be conducted to a cure during pregnancy, but the remedies must be much milder than in the non-gravid state.

Indolent and luxurious habits should be met by exercise in the open air, and simple, nourishing food. Burns treats abortion from habit by the cold bath, thorough hygiene, and suspension of the matrimonial privilege after impregnation. The plethoric he depletes, and the anemic he builds up.

Acute diseases occurring during pregnancy must be treated on the common principles of pathology and therapeutics, with the exception, that emetics, cathartics, and mercury ought not to be pushed vigorously. Pneumonia is the only disease, which Dr. C. has found invariably to produce abortion.

Chronic diseases must be palliated, and their cure left till after parturition.

Uterine diseases should be similarly treated, though some, as retroversion, must be remedied or the prognosis will be highly unfavorable. Prolapsus uteri is of more importance than many seem to infer, as the speaker regards it as extremely liable to produce affections of the rectum and bladder, and thus cause abortion. The mode of relieving this displacement, during pregnancy, is not well agreed upon. Some consider pessaries very objectionable, to which the speaker agreed, when they were improperly employed; but the same may be said of all remedies, as he has frequently employed them, and always with very beneficial results. The pessary should be very carefully adapted to the case, that is, in shape, size, and material, and after the application, care should be taken to learn the result, and make any necessary changes. Ulceration of the os should be palliated, by the employment of mild astringents and demulcents, rather than risk the use of active means. However, a priori, he would suppose that nitrate of silver, and other active remedies might be cautiously employed with much benefit.

Abortions referable to the *ovum* are not susceptible of special treatment.

All those cases arising from causes not referable either to the mother or to the ovum, require the exertions of the physician to be directed to one of two objects. First, to keep the ovum within the womb, and guard the unpleasant symptoms; or, secondly,

to remove the ovum, and obviate the dangers liable to occur.

Pains or hemorrhage indicate the approach of abortion. Hemorrhage may begin gradually, and continue for a variable period, from a few hours to one or two months. Sometimes, however, it commences suddenly and in an alarming manner, and the separation of the ovum is almost complete; here, if any dilatation of the os has occurred, the membranes may rupture, and allow the embryo to escape, and the secundines be retained a variable length of time, with occasional slight bleedings, or, perhaps, none at all, and at length be expelled with a sudden copious, and even alarming hemorrhage. When the bleeding is but slight, the patient must be maintained strictly at rest, in a recumbent position, with the head low, and hips slightly elevated, and if the pulse will bear it, blood may be taken from the arm to a sufficient extent to relieve the vessels of pressure. The diet must be of the simplest possible kind. Should the hemorrhage not at once cease, opium, and astringents must be employed. Opium requires care in its administration, lest harm be done. It may be very conveniently given with sugar of lead, a quarter to half a grain of the former with two or three grains of the latter, every hour or two, according to the necessities of the case. Other astringents may be used in milder cases. In a day or two, the bowels must be moved by the use of a mild saline or castor oil. Cold cloths, too, must be applied to the abdomen.

When the bleeding is copious, and the os not dilated, the attention must be directed to the evacuation of the uterus; the tampon may be employed, bits of soft sponge forming the best material. But this method is not to be used while there is any hope of saving the ovum. Dewees says, the sponge should be lubricated with lard, and not allowed to remain more than twelve hours. More recently, writers have recommended an elastic bag to be introduced into the vagina, and inflated; the speaker had had no experience in its use, but would suppose it less efficient than the sponge, for the object is to get a coagulum, and this is better effected by multiplying points of contact. After the os is dilated, Dewees used the crotchet to withdraw the uterine contents, but when manual interference becomes necessary, the abortion forceps are to be preferred.

The patient, as a rule, is not safe while any part of the membranes remain *in utero*, even though the embryo shall have escaped, though several instances had occurred to the speaker, where they have been retained for months without serious damage; these, however, are exceptional cases.

When the abortion forceps have failed to bring away all the secundines, and the os is partially closed, so that the instrument cannot be employed, Dr. C. has used a pair of long dressing forceps, and thus entirely evacuated the womb.

In a few rare instances, where the escape of the embryo has taken place early, the membranes have maintained their vitality, and gone on to increase in bulk, and at last been discharged. The mass then is either a simple or compound cyst lined by a smooth membrane, containing a small quantity of fluid, and is called a "mole of generation." These are anomalous cases, and must be treated according to indications. If a woman has supposed herself pregnant, had a hemorrhage with pain, and the hemorrhage has ceased, there is no reason for inserting a pair of forceps into the womb, to ascertain whether a membrane is there or not. It would be best to confine her to bed for a few days, to the house a few days more, and then gradually resume the usual routine of life. When the membranes are ready to be discharged, she will need attention.

In some cases, after the embryo is discharged, adhesion of the membranes at or near the fundus uteri exists, and the os and cervix are maintained in a patulous state, giving rise to profuse hemorrhage. Here, ergot may be given with the greatest advantage.

In case of twins, one may abort and be expelled, and the other be carried to full term.

Abortion from occult causes must be closely studied and analyzed as far as possible, and each aberration conducted to a cure either during pregnancy, or after delivery. If, in the meantime, a habit of aborting has been acquired, and the system is in such general good health that no indication leads to a special treatment, the hygienic environment of the patient may be changed until the aborting period has passed by some time. She should be sent some distance from her home, where the emotions, habits, food, air, etc., would necessarily undergo a change.

There are numerous other points of view from which this subject might be studied, and also many more facts might be mentioned, but the object is not to enumerate all, but give a general idea of them. The question of induction of premature labor might be considered appropriate here in a therapeutic point of view, but it has been purposely avoided, as there are so many points, religious, moral, and legal connected with it, which are foreign to abortion in a medical point of view.

Abortion in medico-legal relations might be appended, but so important a subject would require a much longer period than allowed in one evening. It may, however, not be improper to state that the Greek courtezans are said to have been in the habit of producing abortions, because pregnancy and offspring interfered with their business, and it was in that age, estimated not at all derogatory to the cha-

racter of a physician, to prescribe the means for its accomplishment. Hippocrates, however, who took a much higher stand in other respects, as well as in medicine, introduces a pledge in the oath, not to "give to a woman a pessary to produce abortion." A little later, laws were enacted against it, which, however, were then, as now, incapable of restraining it, and the Roman legislators were induced to try other expedients. They made the position of a married woman, and a mother, "*a Roman matron*," higher than that of an unmarried or a childless one.

Abortion in our law is a criminal act; in religion a wicked one; and in morals a forbidden one, and is justly and properly held in abhorrence by all good practitioners of medicine.

In concluding, Dr. C. remarked that want of time prevented his offering a more elaborately prepared paper, and would refer his hearers to a bibliography furnished by Dr. I. Hays, for the American Cyclopædia of Practical Medicine and Surgery, article Abortion. The subject worked up to exhaustion, would involve a course of study embracing almost all pathology, vegetable and animal, almost all therapeutics and hygiene.

EDITORIAL DEPARTMENT.

Periscope.

Treatment of Phthisis by the chlorate of Potass, with Observations on Oxygen and Ozone as Therapeutic Agents. — Dr. E. J. Fountain, of Davenport, Iowa, publishes, in the *American Medical Monthly*, his paper on the above subjects, which was read before the American Medical Association at its last session.

Dr. Fountain belongs to the chemical school in therapeutics; his views are pure and unadulterated in this respect, and he makes no efforts, as is but too often done, of disguising them under hyperbolical language. Adopting as his motto Liebig's language, that "oxygen is the leaden weight, or bent spring, which keeps the clock in motion; the inspirations and expirations are the motions of the pendulum which regulate it"—Dr. Fountain looks upon the therapeutical indications in tuberculosis and kindred diseases in a simply chemical light, and the treatment is practically reduced to the question, *by what and in what manner* can we best supply to the system the oxygen which is demanded for the proper performance of its functions, and thereby counteract the deleterious influences resulting from the *imperfect aeration of the blood.*

Dr. Fountain details three cases, which, from all rational and physical signs present, must evidently be considered as tubercular, in which the treatment with chlorate of potassa was followed by the very best results. We give the last case in full:

"Mr. H——, aged 34, placed himself under my care early in November, 1859. He had the appearance to every one of a man sinking under the influence of confirmed phthisis. To this he was predisposed from his father, who died young with this disease—mother still living and well. A gradually increasing cough and failing health had been gaining upon him for the past five years.

"Once, during this period, he had improved under the use of cod-liver oil and phosphate of iron. Free, and quite profuse, hæmorrhage from the lungs once, and slight traces of it a number of times during the past year. When he applied to me, he was conscious of losing strength very fast. Marked emaciation, and unhealthy expression of countenance; very frequent cough, but seldom any expectoration; no appetite; respiration hurried and oppressed; pulse seldom below 90; moderate dullness on the right side, over the infra-clavicular region; no râles, but respiratory murmur indistinct and irregular. As he had once been benefited by cod-liver oil and the phosphate of iron, I first prescribed this same treatment, thinking it might again have a similar effect. This was continued faithfully for about two weeks without any material benefit, when I directed it to be discontinued, and prescribed the chlorate of potash alone, half an ounce daily, as in the above cases. In less than a week, he assured me that he felt a decided benefit from the treatment. The improvement continued steadily from this time, and he completely regained his health and strength in less than three months. *He took half an ounce of the chlorate of potash daily for six weeks*, and two drachms each day for the succeeding four weeks; since which time he has taken it only occasionally, and in smaller quantity. At the present time of writing, (April, 1860,) he is actively engaged in business, in good strength and flesh, having no cough, except a trifle from a recent cold; complexion perfectly healthy, and appetite good. His own feelings and general appearance indicate a perfect restoration of health."

The author remarks, that, though the treatment was purely experimental, it was not em-

pirical; for the chlorate of potass was given on the assumed principle of *conveying oxygen to the blood*, by which a portion of the lungs was expected to be relieved of their task; the vital power of the blood increased, rendered more capable to perform its functions, and by which tubercular deposits might be arrested, and absorption of those already formed promoted. The author deduces the following conclusions from the cases detailed:

1. The chlorate of potash can be given in large doses every day, for a long period, without injury.

2. It aids the functions of respiration by supplying the blood with oxygen.

3. It operates as a natural *tonic*, *alterative*, and *blood depurant*, by increasing the supply of that element which is the most active agent of nature in the chemical changes which take place in the labaratory of the human system.

The remainder of Dr. Fountain's able and very interesting paper, is devoted to a clear and terse criticism of the various views held in regard to the nature of *ozone*. He comes to the conclusion, that ozone is oxygen in the *status nascendi*, and hence the efficacy of the chlorate of potash, which, decomposing in the blood, furnishes to the latter a large amount of oxygen, in its ozonic state, when its effects are most powerful and energetic.

Swallowing Indigestible Substances.—Dr. Read exhibited at the Boston Society for Medical Improvement, a quantity of stones varying in size from that of a pea to that of a cherry, which had passed through the intestinal canal of a boy seven years old. Having seen one of the performers at a circus swallow, or pretend to swallow stones, he resolved to follow his example, and in the course of one afternoon he swallowed *sixty four*, the united weight of which was a little more than nine ounces, and which filled an eight ounce bottle.

On the next day the stones could be felt through the walls of the abdomen, and, upon percussion, could be heard to rattle, but produced no inconvenience, castor oil was administered and they were readily expelled.

At the same meeting, the proceedings of which are reported in the *Boston Medical and Surgical Journal*, Dr. Tyler said that it was a common thing for patients at the McLean Insane Asylum, to swallow small objects, such as pieces of glass, coal, stone, thimbles, etc. Recently a woman swallowed a crochet needle which was voided without inconvenience. Among some of the patients was a curious propensity to swallow toads, and there is now in the Asylum a man who has swallowed half a dozen live toads without injury.

Dr. Adams stated, that in a case of obstruction of the bowel, which followed the eating of a large quantity of cherries and swallowing the stones, the nurse collected and counted *one thousand and seventy seven* cherry stones which were evacuated.

Dr. Agnew, of this city, has in his private collection a preparation of the stomach and intestines from an insane patient, in which are accumulated an extraordinary variety of foreign materials, among which we recollect having seen long strips of bandage, suspenders, portions of clothing, buttons, etc.

The Preservation of Leeches.—Mr. Glanfield, after much experience in the preservation of leeches, presents in the *Pharmaceutical Journal*, the following as the most simple and efficient plan: Place the leeches in an earthenware vessel, half filling it with river or rain water; into this place a handful of well-washed tow; renew the water about twice or three times a week in summer, and once in winter, each time washing the vessel, and taking the tow out and thoroughly washing it to free it from the epidermis which the leech appears to throw off every few days, renewing the tow occasionally.

The misfortune of modern medicine is that, forgetting the study of the disease, it seeks its indications from pathological anatomy. Its therapeutics are nothing better than a collection of the mass of contradictions produced by ages of theories; so that, in fact, we find that in one of the hospitals of Paris, the treatment of disease less successful than it is under homœopathy.—*Malgaigne.*

A writer in the *Pays* gives the following account of the different sorts of wine preferred by great personages:—Frederick the Great, Tokay; Napoleon I, Chambertin; Peter the Great, Madeira; Cardinal Richelieu, Romanee; Marshal de Richelieu, Medoc; Rubens, Marsala; Rabelais, old Cablais; Marshal de Saxe, Champagne; Cromwell, Malvoisie; Jean Bart, Beaune; Talleyrand, Chateau-Margau; Humboldt, Sauterne; Balzac, Vouvray; Gœthe, Johannisberg; Byron, Port; Charles V., Alicante; Francis I, Sherry; and Henry IV., Surenne.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, SEPTEMBER 22, 1860.

☞ THE TIME TO SUBSCRIBE! ☜

The FIFTH VOLUME *of the* MEDICAL AND SURGICAL REPORTER, *in its weekly form, will begin on the 6th of October next.*

From that date the REPORTER *will be* FURTHER ENLARGED *to the extent of* EIGHT PAGES *weekly, and improved typographically.*

Arrangements have also been entered into by which still further improvements will be made in the literary department.

The REPORTER *has become the leading Medical Periodical of America. It has attained this position by representing the* WHOLE *profession, independent of any school, party, or publishing interest,* AND WILL MAINTAIN IT.

Thanking those who have hitherto sustained and placed it in a position of such extended usefulness to the profession, we can assure them that they will still find it worthy of their support and confidence, and again remind them and the profession generally, that

☞ NOW IS THE TIME TO SUBSCRIBE. ☜

—o—

QUACK ADVERTISEMENTS AND THE "NEW YORK TIMES."

Our readers are aware that the American Pharmaceutical Association convened in New-York last week. As a matter of course, the subject of adulterations of medicines came up before that body, and was discussed; and what more natural than that the newspapers of New York should dispatch their reporters to the convention, and that one of them—the newspapers we mean—should come out with an editorial article in its issue of September 14th, entitled "The Pharmaceutical Convention—Poison for Cures"?

Thus speaks the *New York Times*, alluding to adulterations of drugs:

"This is, indeed, a foul blot upon the morals of American druggists; cupidity and wickedness can hardly go further; and any measure, no matter how severe, which the Association can suggest to remedy such a state of things, will be heartily endorsed by the public; for, as the authority already quoted remarked, if there is any one sin that specially needs to be exposed and punished, *it is that which lurks unseen under the veil of respectability, and works mischief and death upon innocent parties.* It is astonishing that, having reached such a fearful climax, the matter should not be more earnestly taken in hand by our City, *State, or National Medical Societies.* It will certainly be highly prejudicial to the interests of the medical profession to permit these things to continue, now that the public is officially apprised of them. Men's confidence in the *materia medica* will be utterly destroyed, and he will be a bold man, indeed, who dares administer to his family medicines intended for their relief, yet which may contain the very seeds of disease and death."

"A foul blot!" Indeed it is. The very extreme of "cupidity and wickedness!" True!

But how does the profession of these United States, and of the City and State of New York, like to be lectured to by this newspaper, when it expresses its surprise that the matter has not been taken in hand with sufficient earnestness by the profession; a newspaper which is engaged in a far worse, far more wicked, far more detrimental course?

A fine apostle this sheet, and others like it, to preach sermons on adulterations in medicine, and to twaddle editorially about men's loss of confidence in the *materia medica*, when it opens its columns to advertisements of the foulest, vilest, meanest, dirtiest, most abominable, and immoral character.

In devoting a column or two to the *Times*, we shall review and compare its editorial theories with its publication practises, and if, after we are through, it has any thing to say why judgment should not be pronounced, let it say on!

We charge the *New York Times*, in the first place, *with the crime of abetting and assisting in deluding and swindling the public.*

Specifications: In the number of the *Times* quoted from above, are the following advertisements:

"*Brandreth's Vegetable Universal Pills.*—Cures Apoplexies, Bilious Diseases, and Diseases generally. How? Because they purify the blood, and remove all obstructions from the bowels and circulation. Their timely use has saved many a life. Price 25 cents per box."

"*A Sure Cure for Rheumatism*—A Sure Cure for Gout—A Sure Cure for Neuralgia—A Sure Cure for

Tic Douloureux.—The great French Remedy, Dr. Roban's Rheumatic Cure.

"It is a well-established fact of the thousands of cases, even those of long standing which have assumed a chronic form, and universally pronounced incurable, not in a single instance has it been known to fail of effecting a radical cure.

"Sold at Dr. Roban's principal office, No 692 Broadway. Wholesale depot No. 9 Morris street, and by Whitehead & Brothers, No. 152 Greenwich street. Price $1 per bottle"

Now, the *Times* probably knows, as well as we do, that these are lying, cheating, quack-advertisements, imposing upon the public, and inserted in that paper to delude ignorant people—first, into the belief that they are sick, and, secondly, that they can be *certainly* cured of diseases by these remedies, which these quasi medicines cannot accomplish.

Does the *Times* know what apoplexy is? Does it know that it is impossible to cure it? And yet for the sake of so many cents per line, that paper lends its "*respectable*" columns to this swindling operation. How dare it lecture to an honest and honorable profession, which has always stood up against these iniquities? how dare it—shielder and abettor of a fraudulent trade—impugn to the medical profession a lack of earnestness, when it, and journals like it is, continuously lending its influential columns to this meanest of all lying trades?

We charge the *Times, secondly,* with adding to the crime of abetting in swindling and defrauding the public, that of issuing *indecent* and *immoral* publications.

Specifications: In the same number in which it says that "if there is any one sin that specially needs to be exposed and punished, it is that which lurks unseen under the veil of respectability, and works mischief and death upon innocent parties," we say, in the same number the *Times* publishes the following advertisements, for which it pockets the money.

TRIESEMAR.

"Protected by Patent Official Seal of Great Britain, Diplome de Ecole de Pharmacié de Paris, Imperial College of Medicine, Vienna. TRIESEMAR, Nos. 1, 2 and 3, prepared in the form of an agreeable lozenge, and can be carried in the waistcoat pocket. Sold in tin cases, divided into separate doses, as administered by Velpeau, Sallemance. Roux, Ricord. TRIESEMAR No. 1 is the remedy for Relaxation, Spermatorrhœa, and all the distressing consequences arising from indiscriminate excesses, or too long residences in hot climates; and whatever may be the *cause or disqualifications* for marriage, they are effectually subdued by this wonderful discovery.—TRIESEMAR No. 2 has entirely superseded the use of copavia and cubebes. TRIESEMAR No. 3.—Purifies the diseased humors from the blood, and expels all corruptions and impurities from the vital stream, and is, in fact, the never-failing remedy for that class of disorders which are too often treated with mercury, to the inevitable destruction of the constitution, which all the Sarsaparilla in the world cannot remove.

Small cases,.....$3
Medium cases, 4 times quantity of small.....9
Large cases, 4 times quantity of medium.....27

Again:

Hammond on Spermatorrhœa.—New treatment.—We call the especial attention of Invalids and professional readers to the only reliable work on Spermatorrhœa, &c., published: "Dr. Hammond's book is worth every one's owning."—*New York Home Journal.* His system of treatment clearly demonstrates that all affection of the Seminal, Nervous, Sexual and Urinary Organs can be treated with entire success, safely and promptly, by mild and efficient means, without loss of time; being based upon strictly scientific principles, which renders failure impossible. Price $1, mailed free; small edition, 50 cents. Author's address, No. 658 Broadway, first floor, up-stairs, New York; from 9 to 3, and 6 to 9 evening. Consultation en Francais.

We shall not advance any more of these disgusting specifications with which that issue teems; but we ask its editors and proprietors whether they have sons just growing into manhood, or daughters just budding into womanhood, and think that their own paper is fit to occupy a place in their household, even in its meanest recess, alongside of Guillete's medicated paper, filled as it is with these indecent, immoral and swindling advertisements. If they do, they are to be pitied.

We charge, *thirdly,* the *Times,* with abetting and aiding in the crime of *criminal abortion.*

Specifications: In the same number of the paper already referred to, it inserts the following advertisements:

"*Something for every Lady.*—Dr. Ward's great benefactor.—The greatest periodical remedy yet

discovered, infalliable for the removal of all obstructions and irregularities. Office No. 483 Broadway up stairs, where ladies may consult Dr. Ward in confidence, daily, till 10 P. M."

"*Important to Females.*—Diseases of females exclusively treated by Dr. Thiers. Remedies for female derangement from $1 to $5. Relief guaranteed in all cases. Consultation and letters strictly confidential. Patients from a distance provided with board, nursing, and exclusive attendance. Advice and medicine per mail. Send stamp for circular, and escape quackery. Office address No. 74 Bleecker street, (near the corner of Broadway, west side,) New York."

Are the editors and proprietors of the *Times* really so verdant as not to know what these miserable quacks mean by the "removal of all obstructions and irregularities," and "remedies for female derangement?" Not? Then they are fit to sit in the capacity of public instructors, and the sooner they sell out to other parties the better for the public, and finally for their *own consciences.*

We have made our charges and given our specifications. We would be pleased to hear the *Times'* reply.

Under this title the reader will find a detailed account of the almost complete eradication of malarial fever over an extent of miles in Union County, New Jersey, remedying the terrestrial conditions producing it. The subject is one of immense importance throughout the whole Union. Malarial fevers are the curse of the pioneer, the bane of newly laid out valleys and cities. We would like to obtain similar accounts from other directions. Will our friends go to work and lay before the profession the history of the rise, progress and, if possible, *downfall* of the malarial empire? It would form an interesting page in the medical history of our country.

We are sorry to see that the *Charleston Medical Journal and Review*, in its September number, copies the first paper on "the present state of Ophthalmoscopy," by Dr. Kuechler of Newark, without giving the Reporter credit. We would gladly furnish the Charleston Journal and Review, or any other respectable Journal the illustrations to these, or any other articles in the Reporter, if they find them of sufficient interest to lay before their readers. But we are fully determined to carry on the war against the journalistic plagiarism rampart in our medical literature, and call upon all right minded contemporaries to assist us in combatting it. We shall continue to treat it without mercy.

News and Miscellany.

Gross' Surgery in Europe.—We have referred lately to the European appreciation of some very recent American medical works, and are gratified by seeing that such evidences continue to appear. The review of "Gross' System of Surgery," in the *Lancet*, of Sept. 1st, is the highest and most unreserved award of merit to a work of American origin which we have ever seen accorded from a foreign source. The reviewer says, that it is "a work of such completeness, that it has no superior in the systematic treaties on surgery which have emanated from English or Continental authors."

Such sentences as the following, from the same review, also show the high estimate alluded to:

"Dr. Gross has produced the most complete work that has yet issued from the press on the science and practice of surgery. It is not, strictly speaking, a dictionary of surgery, but it gives to the reader all the information that he may require for his treatment of surgical diseases. The work, altogether, commends itself to the attention of British surgeons, from whom it cannot fail to meet with extensive patronage."

Batrachian.—The Paris correspondent of the *Lancet* says, that Professor Mantegazza, of Milan, has lately made some curious researches on the vitality of the zoosperms of the frog; these he has frozen on the one hand, and parboiled on the other, without being able to extinguish their generating powers. As regards the former case, he has found that the zoosperm will stand four separate and consecutive freezings before its vitality is put an end to; but the fifth repetition of this cool treatment proves a little too much for the nimble entity, which, in this particular, is

only half as fortunate as the cat with her nine lives.

Another, and a very droll experiment, made by the same professor is, that the testicles of one frog may be engrafted into the body of another animal of the same species, so that one "froggy" may "go-a-wooing" with the testicles of another froggy, and not at all *a ses propres frais!*

Sir Benjamin Brodie.—The operation of irridectomy on the eyes of Mr. Brodiè, was performed by Mr. Bowman, of the Ophthalmic Hospital. There appears to have been a difference of opinion in regard to the diagnosis, Messrs. Hodgson and White Cooper, regarding the case as cataract.

Advice wanted.—Requests for medical advice are occasionally received by this journal from persons who are evidently not members of the profession, but who assume to be, perhaps for the purpose of getting it gratuitously. Such requests remain of course, unanswered. As an illustration of this practice the subjoined, which has just been received, is presented.

"Mr. Editors,

A patient of mine is sufrine from the followinge aperancies he will take a ake in the stomake like a stomake ake until he throes of his vittals and then he gets better and can eat until the stomake ake takes him againe and serves him the same way againe until nothing wont stay down—I relieved him onst best by mustird and number 6 also head ake bake ake ake in the lions and fever until it comes up—Will you anser to corespondance the best proscriptoine."

In the "extracts from the records of the Boston Society for Medical Improvement," published in the *Boston Med. and Surg. Journal*, Dr. Putnam in giving his favorable appreciation of the horse-shoe pessary, styles its originator "the *late* Dr. Hodge of Philadelphia." We simply notice it to inform Dr. Putnam that Dr. Hodge still lives to labor in the profession, and to enjoy the recompense of a well-earned eminence.

The Committee for Revision of the Pharmacopœia, appointed by the late Pharmaceutical Association, is now diligently at work. *The Journal of Pharmacy* says, that the committee meets every Wednesday evening at the residence of Dr. Bache. Dr. Bache is chairman, and Mr. Alfred B. Taylor, secretary.

The new edition of the Pharmacopœia will be stereotyped, and, to popularize it, sold at the lowest possible price.

Marriages in Paris.—From a list of 1000 marriages in Paris, taken from the registers of the Etat-Civil, it appears that in 32 of them the bride was between 15 and 16 years of age; in 100, from 16 to 17; 219, from 18 to 19; 233, 20 to 21; 165, 22 to 23; 103, 24 to 25; 60, 26 to 27; 45, 28 to 29; 18, 30 to 31; 14, 32 to 33; 8, 34 to 35; 2, 36 to 37; 1, 38 to 39.

To make a Blister.—Steep cantharides in eth. sulph. for a fortnight, or until the cantharides float upon the surface; skim it off. One dram of cantharides, one dram of white wax, five drams of olive oil, melted together, mix. With a brush paint it over some white bibulous paper, and hang it up to dry in a current of air. Take a piece of pink paper, form and size required, and paint the uncolored side over with a weak solution of india rubber; cut your cantharides paper the form and size (less a margin) of the pink paper—while the india rubber solution is still sticky, place it on; when dry roll it up. It is unaffed by damp, is light, portable, blisters with certainty, and without pain. The introduction of the caoutchouc varnish, arrests the perspiration of the part and increases doubly the certainty while diminishing the time required for application. Before applying, the blister should be held over the steam of hot water. The blister will be effectual for several times. —*Dublin Hosp. Gaz.* (*Jour. Mat. Md.*)

We had prepared for this number a condensed report of the proceedings of the late Pharmaceutical Convention held in New York. But it is unfortunately crowded out by other matter.

The poor are my best patients, because God is their paymaster.—*Boerhaave.*

M. Leroy D'Etiolles, a surgeon, who is well known in relation to the subject of lithontripsy, died recently in Paris.

Physical Training in the Boston Public Schools.—Mr. Philbrick, the superintendent of the public schools of Boston, has just made a report recommending physical training as a part of the common school education of Boston. He says:

"The principal remedy which I would suggest, is the introduction into all grades of our schools of a thorough system of physical training as a part of the school culture. Let a part of the school time of each day be devoted to the practise of calisthenic and gymnastic exercises, in which every pupil shall be rsquired to participate."

I fully agree with an able author, who has thoroughly studied this subject, that "a universal course of training of this kind, scientifically arranged and applied, in connection with obedience to other laws of health, might, in one generation, transform the inhabitants of this land from the low development now so extensive, to the beautiful model of the highest form of humanity."

The "New York Medical College and Charity Hospital," under its new organization, has entered the field with a flourish of trumpets that has quite paled the fires of the University. Every New York newspaper which we pick up is full of the doings and sayings in the New York Medical College and Charity Hospital; Governors and Mayors, to say nothing of minor Honorables, are flocking into its halls, and, if only the Common Council of New York could be induced to attend a course of lectures on sanitary police, may be these *fanfaranades* would do some good.

Correction.—The formula for the effervescing mixture in our report of Dr. Meigs' lecture on Diabetes, in last week's number, should read as follows:

No. 1.	℞.	Acid. citr.	cxxxvi.	
		Syrup. limon.	℥i.	
		Aquæ,	℥ii.	
No. 2.	℞.	Ferri ammon. citrat.	℈ii.	
		Ammon. carb.	gr. civ.	
		Aquæ,	℥iv.	M.

Then use as directed.

The Clinics.—The Clinics at the Hospitals and Colleges have opened, and are well attended. At the University, the newly elected professor, Dr. Pepper made his first appearance in the clinical amphitheatre, on Wednesday last. At the same institution, a surgical clinic is held by Dr. H. H. Smith. At the Jefferson College, Dr. Gross is conducting the surgical clinic; at the Pennsylvania Hospital, there are medical and surgical clinics by Drs. J. F. Meigs and E. Hartshorne; and at the Philadelphia Hospital, a surgical clinic by Dr. R. J. Levis.

Curiosa.—I was called in consultation with a regular practitioner of this county to a case of typhoid fever occurring in a broken-down female, with no local inflammation or congestion. After examining the patient, we retired to consult. Says I to the doctor: "What have you done for the lady?" "Done!" says he; "Why, I have bled her, and gave her a portion of calomel, as I do all my patients." As was anticipated, she died in a short time, and thus brought discredit on the profession. A routine of practice was formerly pursued by some in almost all cases: first, to bleed; second, to give an emetic; and third, a dose of calomel, and continue it to salivation. Now, we seldom salivate intentionally. Example: A doctor was called to a gentleman with a fish-bone in his throat. "Well," says the doctor, "I guess we will bleed you;" and commenced unsheathing his lancet. The man was so indignant at such a procedure, that he began scolding the doctor, and threw out the bone. "Good treatment," says the doctor; "because it's successful." So also was the gross quack, who being called to an old gentleman with a like trouble, ordered a large fire built, turned the patient up before it, called for a pound of fresh butter, and commenced anointing the anus, and roasting it in by the fire. The old man, thinking of its philosophy, was excited to such mirthfulness, that he threw out the bone from his throat by laughter.—*Dr. Dan. Holmes in Transac. Med. Soc. Penn.*

A New York correspondent writes us—"If you can find such an animal as 'the Clerk of the Board of Health' of this city, you will be entitled to the largest kind of a reward, and Barnum will hire him of you." Sanitary matters must need revision in New York.

Dr. Louis Elsberg, of New York, well known in medical journalism by his labors in this and other journals, has become associated with the *American Medical Monthly*, as collaborator. He will preside over the foreign department.

Poisoned Harpoons for the Capture of Whales.—The experience of harpooners shows that the major number of escapes effected by whales, both in the northern and southern latitudes, arises from the fleetness with which they run after being struck. In the Arctic seas they make rapidly for the nearest mass of ice, and diving beneath its edge, emerge only at some distant blow hole, and most frequently are lost. The spermaceti whale of the South seas runs straight ahead, and several boats are necessary to maintain the communication between the ships and the harpooners. It was desired then to employ some means of striking into the whole a rapid and powerful poison, which, if it did not destroy life, should at once paralyze motion. Dr. Christison selected hydrocyanic acid as the substance which best answered these requirements. The average maximum bulk of the whales caught was estimated at about forty tons weight, and forty feet length, for each animal. It remained, therefore, to provide poison in doses suitable to such a living mass. Considering that one drop of pure hydrocyanic acid, if struck in the flesh of a man, weighing about two hundred-weight, would suffice to procure instant death, Dr. Christison calculated that two ounces, or 480 drops, would be a sufficient dose for a whale of forty feet and forty tons. The preparation of large quantities of pure hydrocyanic acid offered at that time some difficulties which were successfully overcome, and means were devised for introducing the poison into the barbs of the harpoon in such a manner, that any strain upon the weapon when plunged into a whale would fracture the bottle, and let free the poison. A whaler was provided with these poisoned weapons, but the only effect of this first stock of poison was nearly to kill the chemist of the ship; for an eight-ounce bottle broke while he was manipulating it, and it was only by rapidly fishing him up through the hatchway with a boat-hook, and promptly applying restoratives, that his consciousness was slowly restored, and his life saved. The ship was well nigh crushed between two fields of ice, and the experiment ended. Subsequently, in 1833, the Clarendon was despatched, also armed with poisoned harpoons. On this occasion the Messrs. Young did not consult Dr. Christison, and he does not possess accurate information; but from accounts received through Dr. Patterson, of Leith, and through Dr. Andrew Fleming, of this and another vessel, he is disposed to believe that the proceeding was attended with a considerable share of success. Twenty-four whales were killed by the Clarendon, and six lost; she returned with a larger cargo than any whaler had brought in for many years. The report of an eye-witness, of the first harpoon used in this vessel states, that when the whale was struck she "sounded"—that is, dived perpendicularly downward to a great depth, and presently reappeared, floating on the surface and dead. The effects are described as being tremendous, but the men were afraid of cutting up their capture. Various rumors of similar and successful attempts have from time to time reached home, bearing a considerable degree of circumstantiality, but no ascertained results exist.—*Dublin Medical Press.*

Asthma.—Dr. J. H. Simms, of Wilmington, Del., communicates to us in a letter that he has found most excellent results follow the administration of the following prescription in Asthma.

℞ Potassii Iodid. ʒii.
Ext. Lobel fl., (Tilden's) ʒi.
Aquæ font. ʒxv.
M.

Fiat solut.—Dose: a tablespoonful to a wineglassful three times a day.

Smoking in Railway Carriages.—Sir J. Tyrrell, Bart., has published a small tract, in which he recommends that persons guilty of smoking in railway carriages "should be made to consume their own smoke." The idea is a suggestive one; but Sir John has not shown us how it is to be carried out.—*Lancet.*

Army and Navy.—Assistant Surgeon *J. C. Bailey* has been relieved from duty at Fort Union, and ordered to proceed to report to Brevet Lieutentant Colonel Porter for duty, with the expedition against the Comanches and Kiowas.

Surgeon *Bernard M. Byrne*, U. S. Army, died recently at Fort Moultrie, S. C., of yellow fever.

Passed Assistant Surgeon *Thomas B. Steele* has been promoted to a surgeon in the Navy, vice Surgeon Addison, deceased, and *Osborn S. Iglehart*, of Annapolis, Md., has been appointed as Assistant Surgeon to fill the vacancy created by the promotion of Passed Assistant Surgeon Steele.

Richard C. Dean, Assistant Surgeon of the steamer Crusader, Home Squadron, having been condemned by medical survey at Key West, has been detached from that vessel and ordered North.

Orders: Assistant Surgeon *Thomas M. Getty*, Medical Staff, U. S. Army, will accompany Major Shepherd's column on its march to Texas. He will join it at Albuquerque and accompany it to its destination in Texas, where he will report by letter to the Surgeon General and await further orders.

Assistant Surgeon *B. A. Clements*, Medical Department, is assigned to duty with the troops destined for the garrison of Fort Faunt leroy.

Assistant Surgeon *Edward V. Covey*, has been assigned to duty with the command of Major Isaac Lynde.

Assistant Surgeon *Kirtley Riland* is assigned to duty in the headquarters, in the vicinity of the "mines of Arizona," or to Fort Breckenridge.

Assistant Surgeon *Basil Norris*, Medical Department, U. S. Army, will continue with the column under Colonel Morrison until its arrival at Fort Craig, where he will be stationed until further orders.

Surgeons *James C. Palmer, William Grier.* and *Charles Eversfield*, have been detailed as the medical board for the physical examination of candidates for admission to the Naval Academy, between the 20th and 30th September.

Correction.—An error was committed in our last number in stating that Dr. Wm. B. Atkinson had been elected "Assistant Professor of Obstetrics and Diseases of Women," in the Pennsylvania Medical College. It should have been said that he had been appointed *Assistant* in the *Obstetrical Clinic*, which is under the charge of the Professor of Obstetrics.

—o—

Answers to Correspondents.

Dr. S., Alabama.—Such an unmitigated violation of the code, nothing to say of the miserable spirit of cupidity which the course of the individual you mention evinces, deserves exposure. If the treatment is really so successful, it should bs made public. Send us all the facts of the case, and we will take care of it.

COMMUNICATIONS RECEIVED.—*Alabama*, Dr. S. P. Smith, Dr. E. H. Sholl—*Delaware*, Dr. D. W. Maull—*Iowa*, Dr. J. E. Ennis, Dr. W. Gatch [with encl.]—*Illinois*, E. D. Gates—*Kentucky*, Dr. C. Kichley, Dr. Benson—*Massachusetts*, Dr. C. B. Smith, [with encl.]—*New Jersey*, Dr. P. T. Tunison, [with encl.,] Dr. G. Grant, Dr. T. E. Hunt, [with encl.,] Dr. E. Gardner, [with encl.]—*New York*, Dr. MacNicholl, (3,) Mr. N. Evans, Dr. J. T. Smith, S S. and W. Wood, Dr. Samson, Dr. C. L. Mitchell—*Pennsylvania*, Dr. C. C. Field, [with encl.,] Dr. A. Schoener, [with encl.,] Dr. C. T. Waage, [with encl.,] Dr. B. Tillum, [with encl ,] Dr. G. Garman, [with encl.,] Dr W. A Hallock, [with encl.,] Dr. W. M. Gilfillan, [with encl.,] Dr. T. J. Moore, [with encl.,] Dr. W. M. Cornell, Dr. T Schoener, Dr. F. Levergood, Dr. R. H. Muth, [with encl ,] Dr. W. H. Worthington.—*Virginia*, Dr. J. B. Johnson, [with encl.]

Office Payments—Dr. H. Kayser, (Ark.,) Dr. S. McClure, ((Ill., Dr. W. J. Fleming, Mr. Migeod, (adv.,) J. J. Ware, Dr. L. W. Dick, (S. C.)

MARRIAGES.

COAD—HALL—On the 12th inst., at St. Paul's Church, by the Rev. D. O. Haran, Joseph R. Coad, M. D., to Miss Lydia R. Hall, all of Philadelphia.

THOMPSON—COCHRAN—On September 12th, by Rev. J. M. Crowell, Wm. H. Thompson, M. D., of Coatesville, to Miss Susannah E. Cochran, both of Chester county, Pa.

LONG ISLAND COLLEGE HOSPITAL.

BROOKLYN, N. Y.

THE COURSE preliminary to the session of 1861, will begin on the 18th of February, and the Regular Lectures on the 18th of March, to continue sixteen weeks.

REGENTS.

HON. SAMUEL SLOAN, Pres't. T. H. RODMAN, ESQ., Sec.

COUNCIL.

T. L. MASON, M. D., C. L. MITCHELL, M. D.,
W. H. DUDLEY, M. D., J. H. HENRY, M. D.

PROFESSORS.

AUSTIN FLINT, M. D., Practical Medicine and Pathology.
FRANK H. HAMILTON, M. D., Principles and Practice of Surgery.
JAMES D. TRASK, M. D., Obstetrics, and Diseases of Women and Children.
R. OGDEN DOREMUS, M. D., Chemistry and Toxicology.
JOSEPH C. HUTCHISON, M. D., Operative Surgery and Surgical Anatomy.
JOHN C. DALTON, M. D., Physiology and Microscopic Anatomy.
DE WITT C. ENOS, M. D., General and Descriptive Anatomy.
EDWIN N. CHAPMAN, M. D., Therapeutics and Materia Medica.

DEMONSTATOR OF ANATOMY.

GEORGE R. SMITH, M. D.

Every facility afforded for dissection throughout the year.
Clinical Lectures daily, except Sunday, on Medicine, Surgery and Obstetrics, for which ample material is furnished in the lying-in wards and general hospital under the same roof.
Professor FLINT will give careful instruction in Auscultation and Percussion, and the art of Diagnosis in general.
Professor HAMILTON, in his Regular Course, will dwell especially on *Dislocations and Fractures*, and in his Preliminary Course, will give a series of *Lectures on Military Surgery.*
As far as practicable, instruction in all the departments will be by demonstration.
FEES.—Full Course, $100: Matriculation, $5; Demonstrator's Fee, $5; Graduation, $25. 205

PHILADELPHIA SCHOOL OF ANATOMY.

UPPER END OF COLLEGE AVENUE.

WINTER ANNOUNCEENT.

THE Rooms of this old established Institution, under the management of Dr. D. HAYES AGNEW, are now open to students and physicians desirous of prosecuting their studies. A full Course of Lectures will be delivered on special and Surgical Anatomy, commencing about the 11th of October.
The colleges leave it optional with the student where he takes out his dissecting ticket.
Fee for the Course, $10.

D. HAYES AGNEW. M. D.,
204 16 North Eleventh street.

Sept. 18, 1860.

TO

Physicians and Druggists.

THE UNDERSIGNED, HAVING PERFECTED HIS ARRANGEMENTS FOR EXTENDING THE MANUFACTURE OF THE VARIOUS

HYPOPHOSPHITES,

[AFTER THE ORIGINAL FORMULA OF DR. CHURCHILL]

Is now prepared to supply the Medical Profession, and Druggists, with his *chemically-pure* and *reliable* Preparations of these SALTS, in all quantities, and at the shortest notice.

It must be obvious to every candid and thoughtful physician, that the importance of *pure remedies*, in the treatment of disease, cannot be overrated, or too strongly insisted upon; as, upon this *point*, absolutely depends their therapeutical value.

The professional, as well as non-professional person, who reads Dr. CHURCHILL'S TREATISE and the accompanying documents, with ordinary care, will at once perceive how essential it is that the HYPOPHOSPHITES should be perfectly free from excess of *lime, carbonates, phosphates, &c.*, the presence of which, *even in small quantities*, renders them "ENTIRELY UNFIT FOR MEDICAL USE."

In regard to my "Preparations," I need only refer to the uniform testimony of the Medical Profession in their favor, wherever they have been used. They are now considered THE STANDARD PREPARATIONS OF THE HYPOPHOSPHITES IN THE UNITED STATES.

WINCHESTER'S GENUINE PREPARATIONS.

Price List.---Terms Cash.

HYPOPHOSPHITES OF LIME AND SODA.....(combined).....	7-oz. bottles,		$1 00
" " " .....do.....	16-oz.	"	2 00
HYPOPHOSPHITE OF POTASSA.....	7-oz.	"	1 00
" MANGANESE.....	7-oz.	"	1 00
" QUININE.....	7-oz.	"	1 00

☞ Physicians and Druggists supplied by the dozen, or larger quantities, at the usual discount.

PURE SOLUTIONS OF THE SEPARATE SALTS.

For Physicians' Prescription Only.

HYPOPHOSPHITE OF LIME.....	6-oz.	ground stoppered	bottles,	$1 00
" SODA.....	6-oz.	"	"	1 00
" POTASSA.....	6-oz.	"	"	1 00
" MANGANESE.....	6-oz.	"	"	1 00
☞ Prices to the Trade, invariably, by the dozen.....				8 00

DRY SALTS.

HYPOPHOSPHITES OF LIME, SODA, AND POTASSA, each, per ounce, net..	$0 50
" MANGANESE.....	0 50
" QUININE, in ¼-oz. bottles.....	1 50

N. B.—The use of *Hypophosphite of Iron*, in Consumption and Chlorosis, is considered to be contra-indicated, and I do not, therefore, prepare this salt. (See opinions of Dr. CHURCHILL and M. TROUSSEAU, in TREATISE.)

☞ Orders for my Preparations can be addressed to either of the Wholesale Drug Houses of New York; to my Wholesale Agents, or to

J. WINCHESTER,

At the Sole General Depot, 43 John street, N. Y.

DR. CHURCHILL'S TREATISE ON CONSUMPTION.

Second Edition---With a Copious Appendix,

IS NOW READY, containing the Report of Dr. Quain, of the Brompton Consumption Hospital, London, adverse to the use of the Hypophosphites, with an Analysis of the Report, by the Publisher: also, the Chemistry of the Hypophosphites: Reports of Cases, by Drs. Townsend, Walton, Benj. Weeks, Gibbs, and numerous others in America: Dr. Dickson, and others, of Great Britain—ALL sustaining Dr. CHURCHILL, and enthusiastically testifying to the INVARIABLE EFFICACY of his TREATMENT. Sent GRATIS to Physicians and Invalids. Address

J. WINCHESTER, Publisher, 43 John st. N. Y.

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS

Sixth Street, 2d door above Arch Street, Philadelphia.

PILLS OF THE U. S. PHARMACOPŒIA, &c.

COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation insures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

IN BOTTLES CONTAINING 100 EACH.

PIL: Aloes, U. S. P. . . . $0 37½
Aloes et Assafœt: U. S. P. . 37½
Aloes et Ferri . . . 37½
{ Pulv: Aloes, Socot: ½ gr.
{ " Zingib: Jam: 1 gr.
{ Ferri Sulph: Exsic: 1 gr.
{ Ext: Conii ½ gr.
Aloes et Mastich: (See Pil: Stomachicæ) 37½
Aloes et Myrrhæ, U. S. P. . . 37½
Anderson's Scots: . . . 37½
{ Pulv: Aloes Socot:
{ " Sapon: Hispan:
{ " Fruct: Colocynth:
{ " Gambogiæ
{ Oleum Anisi
Anti-bilious (Vegetable) . . 37½
Pulv: Ext: Coloc: C: 2½ grs.
Podophyllin ¼ gr.
Assafœtidæ, U. S. P. . 37½
Bismuth: Subnit: 3 grs. . . 37½
" Subcarb 3 grs. . . 37½
Calomel: 3 grs. . . 37½
" Comp: (Plummer's) grs. . 37½
{ Calomel
{ Oxysulph Antimony
{ Guaiacum Resin
Calomel et Opii . . . 37½
{ Calomel 2 grs.
{ Opium 1 gr.
Cathart: Comp: U. S. P. . . 37½
Cinchon: Sulph: 1½ grs. . . 50
Cook's, 3 grs. . . . 37½
{ Pulv: Aloes Soc: 1 gr.
{ " Rhei 1 gr.
{ Calomel ½ gr.
{ Sapo Hispan: ½ gr.
Colocynthidis Comp: 3 grs. . 37½
Ext: Coloc: Comp: U. S. P.
Copaibæ, U. S. P. 3 grs. . . 37½
Copaibæ et Ext: Cubebæ . . 37½
{ Pil: Copaibæ, 3 grs,
{ Ext: Cubebæ 1 gr.
Copaibæ Comp: . . . 37½
{ Pil: Copaib:
{ Resin Guaiac:
{ Ferri Cit:
{ Ext: Cubeb:
Fel Bovinum, . . . 50
{ Inspisated Oxgall 2 gr.
{ Powd: Jamaica Ginger, 1 gr.
Ferri (Quevenne's) 1 gr. . 37½
Ferri Carb: (Vallett's) U. S. P. 3 grs. 37½
Ferri Citrat: 2 grs. . . 37½
Ferri Comp: U. S. P. . . 37½
Ferri Iodid: 1 gr. . . . 50
Ferri Lactat: 1 gr. . . 37½
Ferri et Strychniæ . . . 62½
{ Strychniæ 1-60 gr.
{ Ferrum per Hydrogen (Quevenne's) 2 gr.

PIL: Ferri Valer: 1 gr. . . . 75
Ferri et Quin: Cit: 1 gr. . . 50
Ferri et Strychniæ Cit: 1 gr. . 37½
{ Strychnia Cit: 1-50 gr.
{ Ferri Cit: 1 gr
Galbani Comp: U. S. P. . . 37½
Hooper (Female Pills) . . 37½
Hydrargyri, U. S. P. 3 grs. . 37½
Ipecac et Opii, 3⅓ grs. . . 37½
Pulv: Doveri, U. S. P.
Opiii, U. S. P. 1 gr. . . 37½
Opii et Camphoræ . . . 50
{ Pulv: Opii, 1 gr.
{ Camphoræ, 2 grs.
Opii et Plumbi Acet: . . 37½
{ Pulv: Opii, ½ gr.
{ Plumbi Acet: 1½ grs.
Quiniæ Sulph: 1 gr. . . . 75
Quiniæ Sulph: 2 grs. . . 1 25
Quiniæ Comp: . . . 1 00
{ Quin: Sulph: 1 gr.
{ Ferrum per Hydrogen (Quevenne's) 1 gr.
{ Acid Arsenious 1 60 gr.
Quiniæ et Ext: Belladon: . . 75
{ Quiniæ Sulph: 1 gr.
{ Ext: Belladon: ½ gr.
Rhei, U. S. P. . . . 37½
Rhei Comp: U. S. P. . . . 37½
Scillæ Comp: U. S. P. . . 37½
Stomachicæ (Lady Webster's Dinner Pills) 3 gr. 37½
{ Pulv: Aloe Scott:
{ Gum: Mastich:
{ Flor: Rosæ
Zinci Valerian: 1 gr. . . 75
GRANULES, Acid: Arsenious, 1-20 gr. . 25
" " 1-50 gr. . 25
Aconitia, 1-60 gr. . . . 50
Atropia, 1-60 gr. . . . 50
Corrosive Sublimate, 1-12 gr. . . 25
Digitalin, 1-60 gr. . . . 50
Elaterium (Clutterbuck's) 1-10 gr. 38
Extract Belladonna, Eng: ¼ gr. . 25
" Cannabis Indica, ¼ gr. . 37½
" Hyoscyamus, Eng: ½ gr . 25
" Nux Vomica, ½ gr. . . 37½
Mercury Iodide, ¼ gr. . . 25
" Red, 1-16 gr. . . . 25
Morphia Sulphate, 1-10 gr. . . 37½
" " 1-6 gr. . . 50
" Valerianate, ⅛ gr. . . 62½
Quinia Valerianate, ½ gr. . . 1 00
Silver Nitrate, ¼ gr. . . 37½
Strychnia, 1-20 gr. . . 37½
" 1-40 gr. . . 37½
Veratia Sulphate, 1-12 gr. . . 37½

When the Pills or Granules are ordered by the dozen bottles, a discount of 10 per cent. will be allowed. When ordered in bottles of 500 each, a deduction of 75 cents per thousand will be made.

Physicians' Saddle Bags and Leather Medicine Chests, in great variety.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution. 180, 1v

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 206. } PHILADELPHIA, SEPTEMBER 29, 1860. { NEW SERIES VOL. IV. NO. 26.

ORIGINAL DEPARTMENT.

Communications.

ANATOMY

IN ITS

RELATIONS TO MEDICINE

AND

SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 31.

THE ORAL REGION.—This region forms the superior part of the alimentary canal. It extends backward from the lips to the soft palate, and laterally from one cheek to the other. The superior boundary is called the roof or hard palate, the inferior or floor is formed by the tongue, and the mucous membrane stretching from it, to the alveolar process of the lower jaw. When the jaws are closed together, this space is divided into two; an interior one, surrounded in front, and on the sides by the alveolar arches and teeth of the superior and inferior maxillary bones, and an exterior one, between these, and the lips and cheeks—"*vestibulum oris.*" The simple opening of the mouth, converts these two into one cavity. The entrance to the oral region is called the oral aperture, and is bounded by the lips, the angles of which form the labial commissures. The oral cavity contains the tongue, teeth, labial, palatal, lingual, and buccal glands, and the orifices of the salivary glands The region is symmetrical, the traces of the original duality of which may be recognized on the hard palate, the tongue and symphisis of the lower jaw.

The Lips.—These prehensile organs guard the entrance to the mouth. They are called superior and inferior, and consist of integument, muscle, fibrous tissue, fat glands, mucous membrane, nerves, lymphatics, and blood vessels. In the very young, and old, the lips appear to be of extraordinary length, the result of a partial absence of the alveolar processes. A depression runs from the columnar septum of the nose to the free border of the superior lip—the *sub-nasal* groove. With those who recognise an intermaxillary bone this depression corresponds to that piece. From the ala of the nose to the angle of the mouth there runs a muscular line, "*naso-labial,*" and another from the angle to the base of the lower jaw. The free border of the lips are red, the upper one having a little prominence in the centre, with some vertical grooves. The line of union between the skin and mucous membrane is quite distinct.

The skin of the upper lip is dense, and very closely attached to the muscular layer beneath, especially beneath the naso-labial groove; is richly supplied with follicles, and endowed with acute sensibility. The beard which it supports is generally stronger and less disposed to change color than on other parts of the face. The lips on their inner surfaces are connected to the jaws by reflections of the mucous membrane; which projecting as a prominent ridge at the middle, very marked when they are forcibly drawn out from the jaws, are called *frœna*, the one for the upper lip, *frœnum labiæ superioris*, for the lower, *frœnum labiœ inferioris.* The mucous membrane does not adhere very tenaciously to the subjacent muscular layer, except at the middle line.

Muscular Layer.—The muscular element of the lips consists in a strong ring of fibres, the *orbicularis oris*, and into which are inserted almost all the muscles of the face. The fibres of the sphincter muscle are quite pale and very difficult to dissect handsomely. The fibrous tissue of the lips exists in a very small degree, especially on their cutaneous surface.

Labial Glands.—These are deeply placed, being between the mucous and muscular layers, some covered by the inner fasciculi of the latter. They are racemose glands, in this respect similar to the parotid submaxillary, etc.

Blood Vessels.—The arteries which supply the lips, proceed from the facial, and are the *inferior labial*, *inferior coronary*, and *superior coronary*. The last two come off pretty close to each other; opposite, or a little below the angle of the mouth, and passing beneath some fibres of the depressor anguli oris and zygomaticus, minor muscles, form a very beautifull arterial circle of small vessels around the margin of the mouth. The main vessels of the lips are placed very deep, almost in contact with the mucous membrane. Several small arteries from the anterior mental and infra orbital branches of the internal maxillary, are also distributed to these organs.

Veins.—These, bearing the names of the accompanying arteries, terminate in the facial veins.

Nerves.—The labial nerves are branches from the 5th pair, and the *facial*. The former conferring sensation and the latter motion.

Lymphatics.—These terminate in the submaxillary and submental glands.

Practical Remarks.—The size of the lips, observed especially in the African, is due to the development of the orbicularis muscle. Some attach much importance to their size, as indicative of peculiar traits of character. Thus a thin lip, or such an one habitually compressed, implies irrascibility of temper, and if associated with a good mental organization, the individual will be remarkable for acute, subtle, logical investigation, and inflexibility of will. Large lips are supposed to belong to persons of amiable temper, frank and open in their social intercourse, indisposed to contend in matters of ordinary import, but firm even to obstinancy in maintaining and defending a principle or a cause, when once espoused. A thick, tumid lip is usually found, especially in young subjects, associated with the scrofulous diathesis. This is due to a slight serous exudation from want of a proper tonicity in the textures supporting the capillaries, and also a faulty constitution of the circulating fluid. There is another form of enlarged lip, coexisting with such a diathesis, that is a true hypertrophy, the plastic exudation having been developed into new formations of fibrous tissue, attended also with enlargement of the glandular constituents.

The *naso-labial* line is not without its value to the observing physician. In disease involving the abdominal viscera, its unusual prominence, gives a peculiar significance to the face. The lines running down from the angles of the mouth, impart a grave expression, and become very marked in the melancholic affections of the mind. These, with the curve of the cutaneo-mucous line, become subjects of much interest to the painter.

The biting of the lips is sometimes seen when persons are making strong voluntary efforts to restrain a fit of impending passion.

The slight elevation of the angle of the mouth lends great force to the emotion of scorn. Every one has observed the pouting of the lips in children, when disposed to be sullen. All these movements must be referred to the connexions which subsist between the nerves of the face and respiration.

The tremulous lips may attend great nervous debility, or agitation from strong emotional causes. Sometimes they become blue, or livid, the result of congestion from causes impeding the circulation of the lungs or the heart; or they may be pale, as in fainting, anæmia, loss of blood, or fright.

Disease often exhibits a predilection for a particular lip. Thus carcinoma always attacks the nether lip; cancroid or epithelioma may occur on the upper; encysted tumors are seated on the lower lip. The congenital fis-

sures, called hare lip, involve only the superior lip. These are never in the mesian line of the naso-labial groove. If single it is on one margin, if double on either margin, leaving the groove as a center piece. The vitality of this must be comparatively low. The following lessons relative to the cure of hare lip, may be drawn from the structures entering into the composition of the part involved:

First.—There being but little fibrous tissue in the lip, it will admit of great extension, and therefore in this as well as in other cutting operations, incisions should extend well into the sound portions. *Second.*—As great freedom of the lip is necessary to a good adjustment, it should, with this end in view, be freely detached from the jaw, by dividing the reflected line of mucous membrane which so connects it. *Third.*—In double fissure, the central piece being short and deficient in blood, should not be elongated in order to bring it on a level with the lateral flaps, but rather to approximate and unite the latter at the lower margin, retaining the former as a short wedge between them above. *Fourth.*—As the vessels supplying the lip run very deep, the retaining needles should transfix the flaps very near to the mucous surface, that the mouths of these divided trunks may be properly compressed. The necessity for such precautions is particularly important in the case of children, who, should there be any oozing into the mouth, will suck and swallow, (nothing being seen externally,) and very soon sink from exhaustion. *Fifth.*—The tendency in the margins of wounds to round off, from the action of the absorbent vessels, and the contraction of the tissues and cicatrix being always around the most fixed point, is apt to leave a notch in the border of the lip, where naturally a prominence exists. The incisions therefore, of the surgeon, should be made of such geometrical forms as will counteract this. With this end in view, they may have an elliptical or triangular shape, or they may be made so that an oblique freshened surface will be left on the free border of the lip, on one side of the cleft, and a corresponding process on the other, so that when approximated the latter shall overlap the former, running toward the commissure or angle of the mouth. Would a subcutaneous section of some of the fibres of the orbicularis oris muscle on either side contribute in any measure toward obviating the difficulty in question?

The density of the skin, and its close connection with the muscular layer predispose to erysipelatous inflammation, and hence it is considered prudent not to allow the pins inserted after an operation, to remain too long.

The mucous surface of the lips, from extremes in temperature, especially cold, loses its epithelium in places, and they become irritable and inflamed; or, after such loss, the natural fissures or grooves become inflamed and opened, constituting the hacked or chapped lips. The value of an artificial epithelium in such cases will be apparent. The moustachio so commonly worn, would probably be the best remedy against this unpleasant condition. The sensibility of the lips are such in certain animals, that the slightest contact with the long hairs (*tactile organs*) which they support, is instantly recognized. Firm pressure on the superior lip, close to the nose, will often arrest a fit of sneezing. I suppose this results from the impression made on branches of the 5th pair of nerves—this nerve supplying the nose with its filaments of sensation.

A bi-lobed tumor occasionally projects from the inner surface of the upper lip, which becomes very apparent when the person laughs; it is vulgarly called the double lip. It is formed by the effusion of serum or plastic lymph beneath the mucous membrane, which is thereby detached, or its sub-mucous bond elongated. The central constriction results from the close connection of the mucous membrane on the middle line of the lip. These unsightly bags are seen in scrofulous or enfeebled constitutions. Punctures will avail nothing for their relief, for two reasons: first, their contents are not fluid; and second, there is an excess of tissue. An operation, to be successful, must remove a portion of the projecting mass by elliptical incisions, and close the wound by sutures.

The glands of the lips may become enlarged,

forming, tumors which roll under the fingers like shot. When removed it should be, of course, from the inside, as they are near that surface. The inferior lip restrains very much the escape of the saliva, so that when lost the constant dribbling not only becomes a source of annoyance, but rapidly exhausts the strength. The mobility of the integument beneath the chin will readily allow such losses to be restored by the aid of plastic surgery. In all inflammatory affections of the lips, threatening ulceration or sloughing, free incisions should be made into their substance, so as to prevent the loss of substance. Such incisions should be made on their inner surface, so as to avoid scars. The oral orifice being surrounded by a muscle, and having others radiating in all directions from it. All wounds of any depth should be dressed by the twisted suture, and supported in addition by adhesive straps, which shall extend from one side of the face to the other.

The present State of Ophthalmoscopy.

By Max Kuechler, M. D.,
Of Newark, N. J.

No. 8.

It cannot be denied that the anatomico-pathological researches in reference to the foramen opticum scleræ et choroideæ, if of no very great value, have yet rendered considerable service to ophthalmoscopy. New formations arising from melanotic deposits, disappearance or diminution of the choroideal pigment, calcifications or ossifications can easily be recognized by any one who is at all practiced in ophthalmoscopic examinations. Different, however, is it with diseases of the sheath of the optic nerve. The sheath may degenerate, separate from the body of the optic nerve, (for instance, in hydrops vaginæ fibrosæ nervi optici,) deposits may take place there and become organized, hyperæmic capillaries may form; but unfortunately these alterations cannot be observed by the ophthalmoscope.

In the body of the optic nerve, Ammon has discovered the following pathological alterations: changes of direction and position, flexion, sinuosity, infraction, hypertrophy, atrophy, fatty degeneration. But all these diseases cannot be seen with the ophthalmoscope. Only the infra-ocular end of the optic nerve, and the lamina cribrosa are of interest to us in an ophthalmoscopic point of view. The latter membrane is sometimes morbidly discolored, opaque; but it is never the seat of fatty degeneration, as is so frequently the case with the optic nerve itself, and which is manifest by a somewhat darker shaded appearance of the intra-ocular end of the optic nerve. Yet we must be cautious in forming a conclusion in such cases, for there is nothing constant in the dark, or lightly shaded appearance, which the lamina cribrosa presents in its healthy condition.

By excavation of the intra-ocular end of the optic nerve, is understood a sinking in, in consequence of central atrophy of the optic nerve, giving it a cupped appearance. When this is present the lamina cribrosa is ordinarily degenerated, of a lighter color, also sunken in, i. e. concave outward. When this process has reached its climax, we find the vascular trunks of the organ always obliterated, and hence this metamorphosis of the optic nerve shows itself through the ophthalmoscope as a waxy-yellow, non-vascular disc. The less this process has advanced, the less yellowish white is the appearance of the optic pupil, and the less will be the obliteration of the vessels. The primitive disease, however, may sometimes consist in atrophy or obliteration of the vessels, and lead to the excavation of the optic nerve.

In glaucoma, this excavation or cupped appearance of the optic nerve plays a very important rôle. I shall at the conclusion of these papers speak of glaucoma, that remarkable disease which has so recently found so many different explanations, and on that occasion shall make a few more remarks on excavation of the optic nerve.

Ammon mentions a morbid elevation of the optic nerve, of a whitish color, and said to be caused by calcific deposits taking place at the same time on the outer and inner surface of the *tuberculum retinæ*. Ammon does not describe the ophthalmoscopic image which this pathological change presents, and I have never had opportunity to observe it myself.

Pathological changes of the Choroid.—Anomalies in the choroid are said to manifest themselves by changes in the form and fulness of the choroideal vessels. But when we consider, that the choroideal vessels are, under all circumstances, difficult of recognition, that it depends upon the stroma and the pigmentation of the choroid, how many of these vessels come into view, and that they can be clearly seen, only in case, the pigmentation is very feeble, it is easy to understand how slight changes in consequence of increased or diminished vascularity, may readily escape the eye of even the experienced observer. Besides, the ramifications of the vessels on the background of the eye form a very confused image, so that it is often entirely impossible to estimate the calibre of any particular vascular branch. Hence follows that it is extremely difficult to say whether the choroideal vessels are in a state of congestion or not.

Laterally from the pupil are often found single larger vessels, (Fig. 1, A.,) which soon branch off and merge into a vascular net work. This is not a pathological condition, but an entirely normal process.

To recognize morbid conditions of the choroideal blood vessels, requires a great deal of practical experience in the examination of the background of normal eyes, and the best ophthalmoscopist is apt to make frequent mistakes in this difficult field.

As no results of post-mortem examinations have been made known hitherto, to throw light upon the subject, we need not be astonished that up to the present date, Liebreich and von Graefe have not been able to agree, whether the choro-capillaries are visible or not. Liebreich asserts the latter. In some cases, however, pathological changes may none the less be demonstrated. Thus, for instance, we observe sometimes unmistakable enlargements of one or more choroideal vessels, especially in choroiditis disseminata and sclerotico-choroiditis, which will be described hereafter. This morbid enlargement is the more remarkable as it is present only at some points, while others appear perfectly normal. In very chronic cases of choroideal atrophy, the calibre of the vessels is sometimes found diminished, and they are seen to become gradually obliterated, and we see, as the case progresses, at first pale then white stripes of smaller diameter than normal vessels.

(*To be continued.*)

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Meigs.

Facial Neuralgia the Result of Chronic Rheumatism.—This patient some of you have seen before, when walking the wards with me. (See REPORTER of September 1st.) He came here on the 18th of last month, is a seaman, and had been ailing for some time with chronic subacute rheumatism, stiffness of his joints, and difficulty of motion. But what attracted our attention more particularly was, that he could not close his right eye, could not move with ease the right side of his mouth, could not whistle, that is to say, he lacked the power of co-ordinating the muscular motions necessary for that performance. He had no pain.

In cases of this kind it is of the utmost importance to determine upon what cause this loss of power depends. It may be owing, as in this case, to some rheumatic affection, perhaps thickening of the sheath of the nerve; then it is simple local paralysis; or it may depend upon cerebral lesions. In regard to prognosis as well as treatment, a correct diagnosis is necessary.

Now, this patient has no headache, he sleeps well, he has perfect control over his tongue, showing that the hypoglossal nerve is not affected, the orbicularis and levator palpebræ on that side act well; in short the absence of any symptoms, except the local loss of power, sufficiently marks the case as one not very grave. The treatment has been anti-rheumatic; iodide of potassium, blistering behind the ear, and a pill twice or three times a day, composed of half a grain of extract of nux vomica, two grains of sulphate of quinine, and the same quantity of powdered alum.

Case of Cerebritis.—The patient now before you is a German, hostler by occupation, and 24 years of age. He came into the hospital on August 27th, about three weeks ago. He had been working in the interior of the State, and been in good health until about three weeks before he came here, when his strength began to fail him, he lost his appetite, had headache, and felt miserably generally.

He was always of good health, robust and strong. In 1854 or 1855, he had received a severe kick from

a horse. Four years ago, he had primary syphilis, with a bubo on the right side. But, he states, that at no time had he sore throat, rheumatic pains, eruptions, or any other indication of secondary syphilis.

When he entered the hospital, he presented a very peculiar and curious, dull, sluggish expression of countenance; a heavy stolid eye, spoke slowly, and with some difficulty; he could not be provoked to a smile, and complained of a violent, racking headache, especially in the right parietal region. So severe was this pain that it kept him awake at night. Another feature of the pain was that it increased in violence paroxysmally, the paroxysms lasting about two hours. His bowels were constipated, but he had no vomiting.

On examination it was found that his left side was much weaker than his right; he could not grasp as vigorously with his left hand as with his right, and the muscles of his leg were in the same manner markedly diminished in power. There was, also, diminished sensibility of that side. Though the loss of sensation was not complete, tickling the sole of the foot of that side, or griping, and pinching the leg did not produce those rapid reflex motions which we find when the parts possess their normal sensibility; it only caused a slight motion of the toes. He walked with great difficulty.

There was no deformity about the muscles of the face; when asked to put out his tongue, it protruded in a straight line; the eyelids shut well, though it was thought, at one time, that the left orbicularis palpebarum acted with less force than the right. Vision was the same in both eyes and the pupils normal.

Together with all this, he was pale; pulse about 90 to 92, and regular; the tongue was moist and slightly covered with a creamy fur; appetite poor; the urine was natural in quantity and quality; there was very little heat of skin.

Taking a careful survey of the whole case we came to the conclusion that it was one of inflammatory disease of the right hemisphere of the brain. Having been bled before he came to the hospital, we did not resort to venesection, but abstracted six ounces of blood by cups from the neck. One half of a grain of calomel was given every four hours for three days, and castor oil given, as the state of his bowels seemed to indicate. The mercurial fetor beginning to be perceptible on the third day, and the gums commencing to be spongy and reddish, the calomel was omitted, and iodide of potassium given in its place. The diet was light—arrow root and chicken broth.

His head was shaved, and the scalp kept irritated by cantharidal preparations. Under this treatment he has markedly improved. As you see him now, he is no longer dull and sluggish, but wide awake, answering questions rapidly and intelligently. His headache is gone. Sensibility and motion of the left side have returned, and he walks and turns very well. I must state here, however, that at no time had he loss of consciousness, of speech, or delirium.

Now, gentlemen, this is a very interesting case. This patient comes into the hospital with symptoms, indicating severe suffering. There is almost complete hemiplegia of the left side; a most intense headache. There is evidently disease within the cranium. But where is it located? In the meninges or in the cerebral substance, at the base, or in the hemispheres of the brain?

If this patient had had secondary syphilis, eruptions, sore throat, we might have supposed it to be one of those cases which Todd describes as meningitis, in consequence of syphilitic thickening of the endocranium. But no secondary disease whatever can be traced in his case.

Again, his attack commenced without the loss of conscious ness, or judgment, without delirium, etc. conditions accompanying disease of the gray matter, and he had no convulsions during the progress of the disease, such as happens sometimes in these cases. He could not have had disease at the base of the brain, because you all know that under these circumstances we would have had peculiar symptoms, from the fact of certain nerves arising in that region, which, becoming involved in the disease would have produced peculiar and characteristic phenomena. The olfactories would have been involved, and he would have had loss of smell; the optics—loss of vision; there would have been strabismus from a want of parallelism in the external recti muscles supplied by the abducentes; rolling up of the eyeball in consequence of the pathetic becoming involved. But all these functions were perfect. The absence of any phenomena of this kind show conclusively that the disease could not have been located at the base of the brain.

Again, the case could not have been one of apoplexy. It came on too slow, and the patient got well too soon. True apoplexy comes on suddenly, and its results are more lasting and severe than in the case before us.

From these considerations the case was regarded as one of cerebritis, chiefly involving the white substance of the right hemisphere. It is a rare form of disease, and the patient has had a very narrow escape.

Pathological Specimens—Remarks—Scrofulous and Fatty Liver—Phthisis.—The patient from whom these specimens were obtained, was a woman, æt, 33, who was admitted on the 9th of this month, and died on the 17th. She was suffering from moderate ascites. The liver was found to extend down to

within two or three inches of the superior spinous process of the ilium on the right side, and also into the epigastric region. There was bronchial respiration over the upper lobe of the right lung, with a somewhat dull percussion sound. The heart presented no abnormities of sound or impulse.

Post Mortem Examination—Liver—The liver is enormous in size and weight, the latter being 8¼ pounds, instead of from three to four, as normal. It is of a pale buff, yellowish white color, dotted with reddish spots. The capsule is tense, the substance of the liver easily torn and of soft consistence.

Under the microscope it is found to be very fatty. But besides the fat, it has undergone another form of degeneration, that which Budd has called the *scrofulous, albuminous* enlargement of the liver. As a test of this disease, Budd recommends sections of the organ to be soaked in alcohol when they will harden and present a marked contrast to the previous softness of the tissue. The test was resorted to in this case, and with the most positive results.

Lungs.—There are tubercles in both upper lobes, and in a part of the middle of the right lobe; the largest amount is in the right upper lobes where there is a large amount of infiltrated tubercles, with many large crude yellow tubercles, some of which have softened and left small cavities; the bronchial lymphatic glands are enlarged, and contain masses of cretaceous matter.

The kidneys are larger than usual, weighing 5¼ ounces each, somewhat softish, with much fluid in their tissues; the cortical portion is not diminished in thickness; there are no granulations. They have undergone well marked fatty degeneration; both the tubes and epithelial cells contain oil globules.

The heart weighs eight ounces, and fatty degeneration has commenced in it.

Cardiac Hypertrophy, Valvular Disease, Granular and Cystic Kidney.—The patient from whom this specimen was taken, was Margaret M——, Irish, 40 years of age; she was admitted into the hospital on the 18th of August, and died September 17th.

During life she suffered from extensive anasarca; even the backs of her hands and wrists were œdematous. At times she was deeply cyanosed. There was venous pulsation in the external and internal jugular veins.

The action of the heart was not very strong. The apex beat was found on the left below the nipple; pulsation extended to the right margin of the sternum between the third and fourth ribs, so that at first it was thought to be a case of aneurism. But further examination showed it to be auricular enlargement.

There was a murmur proceeding from disease of the mitral and tricuspid valve.

Her urine was highly albuminous, and on microscopical examination was found to contain casts and cells filled with granules. At repeated examinations no healthy epithelial cell could be found.

She had cough and orthopnœa, no fever; her expectoration was serous. Percussion yielded a dull sound over the lower part of both lungs; behind them was ægophony mixed with fine and bubbling râles.

Post Mortem Examination.—The *heart* was much enlarged, and both ventricles hypertrophied; the walls of the left ventricle were ¾ of an inch in thickness; the columnæ carneæ much enlarged; the mitral valves thickened and opaque; the tricuspids were also thickened, but less than the left. The heart weighed 14½ ounces.

Liver and *spleen* natural.

Kidneys.—The left kidney was atrophied, capsule strongly adherent, and it presented a well marked granular degeneration. The other was in the same condition, with the addition that it presented numerous cysts, both on its surface and in its interior. Each weighed 3¼ ounces.

HOWARD HOSPITAL.

EYE AND EAR DEPARTMENT.

Service of Dr. Turnbull Attending Surgeon.

[Reported by J. Rufus Tryon, M. D.]

Diagnosis of Cataract.—M. B., aged 25, a native of Germany, type-setter by trade, has suffered from an affection of his eyes since he was eight years of age. Within the last five years he has discovered his vision becoming more and more impaired, complains of his incapability to recognise different objects, and of small bodies constantly floating up and down over the sight, causing him at times to be almost blind.

Dr. Turnbull, ordered to be dropped into the eyes and his brow to be painted with a solution of atropia consisting of four grs. to the ounce. After full dilatation of the pupils, they were examined with a *double convex lens*, and there were found, very handsomely displayed *stellated opacities* forming in the *crystaline lens*, resembling minute striated bands of a light pink color converging to a focus.

By questioning the patient, (it may be of interest to mention) it was found that the atropia had destroyed the "muscæ volitantes," which had ascended and descended before his vision, and that he could read ordinary print distinctly at the normal distance.

Without this dilatation he is compelled to hold the book much nearer, and use his hand as a shade to the eyes. This shows the benefit of atropia forming a correct diagnosis. By subjecting the patient to the catoptric test the cause of the complaint was found, as supposed in the *crystaline lens*, the *retina* and cornea being perfectly normal. By the *ophthalmoscope* the

opacities were easily and completely descerned, and the vessels of the choroid coat found to be exceedingly congested and enlarged, a great disadvantage for the success of the operation at present.

Dr. T., therefore, considered it advisable to wait till the cataracts were better developed, and then to perform the "anterior operation" on both eyes. He ordered a solution of atrophia of the strength of two grains to the ounce to be dropped into the eyes every other day, and requested the patient to discontinue the use of spectacles and to present himself at the clinic in a few weeks.

Deafness caused by impacted cerumen.—A. H, aged 29, is married and accustomed to considerable hard work. He is of very nervous temperament; pulse feeble. It was found by catechising that none of her relations were deaf and that she possessed perfect hearing herself till within the last three years. For the last two years she has suffered from decided deafness, which the patient attributes to exposure and cold, at that time. The former symptoms consisted only of a slight ringing noise through the ears, and the approach to deafness appeared to be gradual.

Her present symptoms consist of pain in the head and a disagreeble crackling sensation is experienced during the mastication of food, and from any sudden jar to the body; there was no discharge from the ear. The hearing power shown by conversation required the speaker to be within a yard from the ear, the left ear was found to be less sensitive. The causes, aggravating the deafness, noticable to the patient were damp and moist weather, while those producing improvement were dry air and warmth.

By an examination with the speculum both meati were found to be closed with impacted cerumen filling up the entire meatus, of a light color in the *right* and quite dark in the *left;* evidences of inflammation were present. The *membrana tympani* was not visible in either ear.

The *Eustachian tube* could not be examined.

By an examination of the throat the uvula was found somewhat enlongated and a slight *pharyngeal* inflammation was discovered. A few drops of *glycerine* were placed in the ear, a mild cathartic administered to the patient and in a few days they were syringed. In a week she returned to the clinic very much relieved; had heard distinctly the whistle of a locomotive, and other sounds before imperceptible. With the addition of a tonic, the previous treatment was patiently continued for three weeks, the ears carefully syringed, and at the end of that time she was fully restored to perfect hearing.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D., Recording Secretary.)

WEDNESDAY EVENING, SEPTEMBER 12.

DR. REMINGTON, (President) in the chair.

Subject for Discussion: ABORTION: ITS CAUSES, DANGERS, AND TREATMENT.

DR. COATES, on taking the floor, pressed upon the Society, the importance of the discussion; urging, as an inducement, the extreme frequency of the production of abortion as a crime. He related an instance of an irregular practitioner, who seemed unaware that the procuring of an abortion was considered criminal at all. He also cited the opinion of Desormeaux, that the common method of examining clots from the uterus by the fingers, in a current of water, was insufficient; and that it should be done by placing the clots in a basin of water, and separating them by a small current, and not by the fingers. [This is erroneously referred to Desormeaux; the remark being made by Marc.]

DR. CORSE would ask the opinion of the members present as to whether hemorrhage during pregnancy, after the fifth month, were harmless or dangerous? Concerning the period at which quickening generally occurs, as this is to some extent a subject of difference, he would say that he placed it at 4½ months, and would explain it by recalling to mind, the fact, so well known, that the womb, which previously had been retained in the pelvic cavity, at that time, rises into the abdomen, with a sudden motion, thus producing a commotion, and at the same time a change of shape, hence it is very likely to cause a slight rupture of the membranes at the neck of the womb, and a hemorrhage ensues. He never heard that this was dangerous. He related a case, where, at the 7th month, hemorrhage occurred, continuing for a day, though the patient had experienced no commotion of any kind. It was arrested by the employment of a slight vegetable astringent, and absolute rest. This, he did not regard as innocent. He feared on account of the time at which it occurred, that placenta prævia was present.

An important question, and one not settled among physicians, is in regard to the advisability of exercise, and the enjoyment of society by those females who have a habit of aborting. The majority of the profession, entertain the belief that they should keep quiet and not mingle in society, and thus avoid all excitement.

DR. COATES had no doubt that hemorrhage was dangerous at any point of the pregnancy, from its beginning to its termination. If, as appeared to be the opinion generally received, the phenomena of menstruation occurred as consequences and concomi-

tants of the expulsion of an unfecundated ovum, this appeared to be contradicted by the cases in which menstruation was said to continue during gestation. He would ask Dr. Corse how the apparent contradiction could be solved, of supposing the escape of an ovum with hemorrhage, and its accompaniment of escape of fluids from the vagina when the uterus was filled by an ovum partly developed.

Dr. Corse remarked, that this was an idea held by those of antiquity, though many yet believe it. But the majority now believe that menstruation takes place from some other cause, and that ovulation is constantly going on. It is a fact that a woman may have a child at the breast, one in the uterus, and also menstruate.

Dr. Coates found some difficulty in understanding what antiquity was held to be. He had some claim to a relative antiquity himself. In all his earlier years, when a pupil or a graduate in medicine, this idea of the escape of an ovum during menstruation was unheard of. It was then the acknowledged and settled doctrine, in the Pennsylvania Hospital, and in the whole school which surrounded him, that the menstrual discharge was not even blood, but was, in fact, a regular *secretion*. He had certainly never heard of this theory of the escape of an ovum till within, at farthest, the least ten or fifteen years.

In order to show the liability under which we lay to have old things brought up as new, and new as old, he cited the doctrine of the humoral pathology, now adduced, as one of the recent improvements of science, though treated in the time of his youth as antiquated, exploded, and as one of the last proofs of weakness of mind in adhering to doctrines which ought to be forgotten, at the same time it was confided in by various physicians of extended intelligence, some of whom he named.

Dr. Corse replied, that the rule was, as soon as other knowledge, which could be demonstrated was obtained, the past was regarded as antiquated.

Dr. Lamb, in answer to the questions of Dr. Corse, would say, that in a somewhat extensive experience, he had always regarded uterine hemorrhage, during any stage of pregnancy, as a serious occurence; yet, he had in his recollection patients, in whom moderate hemorrhage had occurred at frequent intervals, during pregnancy, without resulting in any serious mischief—the patients passing on to their full time, and a safe delivery following. There must, however, be a distinction made, between simple and moderate hemorrhage without pain, and that attended with pain in any degree. In the cases where hemorrhage had proved harmless, the patient had been alarmed by a sudden and unexpected flow, attended with no pain whatever, and without any apparent cause. In such cases he usually enjoined absolute rest, in the recumbent position, for several days—seldom deeming it necessary to use active remedial agents. But, on the other hand, hemorrhage, with pain, and especially pain recurring at intervals, he always regarded as of very serious import, and most likely to result in abortion. Indeed, his experience, led him to the conclusion, that, from whatever cause, uterine hemorrhage, attended with pain, at any time after conception, anterior to the sixth month, almost certainly terminated in an abortion, or the death of the fœtus—a different result was the exception to a rule—and our remedial agents were addressed, though apparently to the preservation of the ovum, more directly to the ultimate safety of the patient.

He could not agree with Dr. Corse, in the opinion that abortions were most frequently observed about the time of quickening—attributing to that event, the irritation of the uterus, producing a tendency to throw off the offending ovum. The time of quickening, though generally fixed at about four and a half months, was yet, very uncertain; supposing that to be the average time, he and his patienti had sometimes been led into serious error and inconveniance, until he had directed his attention and theirs to other facts connected with conception, besides that of the first sensible movements of the fœtus. The precise time of quickening, it is evident, must depend in a great degree, on the size of the ovum, and the structure of the pelvis. His patients had quickened at all times, from two and a half to five months, and he had, in calculating the reckoning, as the ladies called it, long since, learned to place very little reliance on that event alone. He had patients who, in a number of consecutive pregnancies, uniformly quickened at two and a half months. He believed, that much the greater number of abortions occurred about the third month after conception, comparatively few beyond that time, but many, as early as the sixth week. At a later period than three months, he thought abortions were more generally produced by some innocent external cause.

A word as to treatment. Where the patient was plethoric, he considered venesection, to a moderate extent indispensable—and, in all cases, absolute rest. He placed some reliance on opium and sugar of lead, but much more on cold applications to the abdomen, and the lower part of the spine. The danger attending such cases usually passed away with the discharge of the ovum. Many cases of abortion assumed a very serious, if not dangerous aspect. But, in an experience of nearly forty years, and, for a large proportion of the time, having an average of ten obstetric cases in the month, he had never lost a patient, either from the direct and immediate, or remote effects of abortion.

In relation to the length of time a fœtus may be carried, after losing vitality, he referred to a case of

a somewhat anomalous character, which occurred in his practice some years since, corresponding with the opinion expressed by Dr. CORSE. An active and healthy woman, the mother of several children, summoned him to her bedside at the third month of gestation. She had pain, with considerable hemorrhage; the usual remedies were applied—coagulated blood was copiously discharged, but no ovum. After a few days rest, the hemorrhage gradually ceased—and the patient, who attended to her garden and market, resumed, in ordinary health, the active duties connected with her position. At the usual time she fancied that the quickening occurred, and was confident that she felt the movements of the fœtus. There was no sensible abdominal enlargement, and Dr. Lamb intimated to his patient the strong probability that she would not have a living child. At the eighth month, he was again called to her bedside, and after several hours of sharp parturient pains, she gave birth to a fœtus of about three inches in length, perfect in all its parts, and having the appearance of having been carefully preserved in alcohol. Her recovery was speedy and perfect, and subsequently she gave birth to several healthy children at full time.

DR. CORSE said that the death of the fœtus is generally set down in the books as a cause of abortion. These cases are exceptional.

DR. MAYBURRY observed that it was a source of regret to him that the very able and instructive paper had elicited so few remarks—especially as the meeting was a large one, and he saw around him many gentlemen who had read and thought much on the subject, and were accustomed to give expression to their opinions, which extensive practical experience had fully matured and rendered valuable. In behalf of the "Business Committee," he would beg leave to say, that abortion had been selected, because it was considered not only highly interesting and important, but also a very practical subject, every member of the profession having more or less experience in it. It was true the gentleman who had opened the discussion had exhausted the subject so completely, on most points, that there remained very little for any one else to say. Yet the subject was a very extensive one—embracing an important variety of uterine hemmorrhage, and the whole field of *criminal* abortion, which was merely alluded to—the considerations of either of which topics alone would be sufficient to cover the entire evening. The enormity of this latter practice, he regarded to be so great, whether viewed, as has justly been observed, in a "religious, moral, or legal aspect," that he would like the profession of Philadelphia to speak out boldly and unhesitatingly in regard to it. Its increasing frequency, and the loose and erroneous views held in regard to it by all classes of the community, he was glad to see, were beginning to arouse the medical mind of other portions of our country, and he had hoped to have a free interchange of sentiment here, this evening, on this all important subject. He, himself, had been early taught, and the correctness of these instructions had been fully confirmed by reflection since, that the new being *in utero* from the earliest moment of conception, and during the whole period of nitra-uterine existence, was as much entitled to life and protection *before* as *after* birth. And he firmly believed that to destroy it by inducing abortion at any period of utero-gestation, whether before or after quickening, was as heinous a crime, in every point of view, as infanticide itself. He was, therefore, gratified to see that our late Legislature, in the revision of the "*Penal Code*" of this Commonwealth, have made the procuring of abortion or miscarriage of any woman, "pregnant or quick with child," a criminal offence, punishable by "fine of $500, imprisonment by separate or solitary confinement, not exceeding three years." In his own practice, he had met with more miscarriages in the early month's of pregnancy than at any other period. He had, however, known several cases of threatened abortion occurring after quickening, and accompanied with profuse hemorrhage, in which the patient went to the full term. He referred to one case, in purticular, about the 6th month, where the hemorrhage was sudden and excessive, accompanied with much pain, the patient pale, and almost pulseless when he reached her, and the *osi uteri* considerably dilated, the tampen becoming necessary; yet, to his surprise, she carried the fœtus to the full period of gestation, and was then delivered of a well developed and healthy child.

DR. NEBINGER said, that about two years ago, he delivered a lady of twins, one of them alive, the other dead. The dead child was in a state of decomposition—the living child was a full term babe. The former appeared to have only reached its seventh month, and, therefore, it must have been carried dead in the womb for two months. Yet, labor did not come on in consequence of the presence of the dead fœtus in the uterus, but from natural and normal causes; the full period of gestation having been completed, as was evidenced by the living child being fully developed. The rule, the law, if you choose, doubtless is, that the presence of a dead fœtus induces labor, yet in this instance a child died in the seventh month of its development, and remained in the uterus a decomposing mass for two months, without inducing labor. This is an exception, a departure from the law, not invalidating it, but only tending to establish the fact, that in the instance of this law there are exceptions as there are to other laws. It is narrated not to disprove anything, but merely to show

an instance where the rule was departed from. And speaking of laws and their exceptions, he could not but observe that the fact of a woman menstruating during pregnancy, did not in the slightest degree militate against, or disprove the law, that menstruation is dependent upon the peculiar excitation or physiological disturbances which take place in the uterus, and especially in the ovarium during the development of a Graafian vesicle. He was somewhat surprised to hear the member urge this fact, as invalidating the doctrine so generally received as true, that menstruation was dependent upon the evolu tion of a Graafian vesicle, or the ovum. He did not like to hear a doctrine denounced, because of its "antiquity." The mere fact of a doctrine being ancient, or modern, neither proves nor disproves it. A law or doctrine is valuable because of itself, not because of the period of its discovery and promulgation, whether the period was far off in the dim and distant epoch of "antiquity," or the bright and near period of the recent past. His teachings, reading, observation and reflection, had been to establish in his mind the conviction, that menstruation is dependent upon the developement of the female contribution of the germ of a new being, and he must say that the fling at this doctrine, because of its "antiquity," or the declaration that it has become "antique," because a "newer idea" has been advanced, was not the most pleasing thing he heard fall from the gentleman's lips this evening. He had a little unpublished fact touching this matter of the development of the female contribution to the germ of a new being, tending, as he thought, to corroborate the doctrine of the flow being dependent upon the excitement or physiological disturbance in the uterus, consequent upon the development, perfecting and casting off from the ovarium of an ovum or ova. The fact to which he alluded was this. The lower order of animals, many of them whilst they contribute to our comforts and happiness, pastimes and amusements, are occasionally brought into our service to develope facts, and to prove or disprove doctrines or laws, the operations of which are regarded with much interest by the humane and scientific. Thus, then, in the spirit of scientific inquiry, he used a bitch to test and watch the degree of excitement which sprang up in her generative system during that period which is known in popular language as the "period of heat" in that animal. This period, as the members are aware, continues in this animal for eighteen days.

During the first half of it she will not have intercourse with the male, but will have contact with him at any time during the latter half, or nine days. Aware of these facts, he took such an animal at the period when the excitement was first observable, and kept her up, noting her condition and testing the degree of excitement in her, by bringing into her presence the male. Shortly after the commencement of the last nine days, about the twelfth of her excitement, she had a flux, or sanguineous flow. This was without doubt owing to the excitement present in her generative organs, consequent upon the development and maturation of her contribution to the the germs of her species. At the close of period of excitement, the eighteen days, she was brought in contact with the male animal, and by that contact she became impregnated. This fact is worth something. It proves, that at the time of the perfecting of the ovum or ova in the ovarium or ovaria, there is an unusual excitement in the generative system, and that even in the dog this excitement becomes at times so intense as to give rise to a sanguineous flow. Its tendency is to establish the doctrine that the development of the ovum and the menstrual flow stand in the relationship to each other, not of coincidents, but of cause and effect.

He was much pleased that a member had invited the society to the consideration of abortion in its criminal aspect. It will not do for us to shut our eyes to the lamentable fact, that this species of iniquity is sadly on the increase. The spread of civilization, the march of religion, has not had the effect of diminishing this crime. It is not confined to any particular order of society, but is practiced alike by the learned and the ignorant, the refined and the vulgar, the lady and the courtezan, the mistress and the maid. And how shall you prevent it? Will it be by writing and publishing books establishing the fact, that criminal abortion is practiced, and showing by figures the extent of the crime? Will it be by denunciatory lectures from the teachers of our universities? These are all very well, they instruct us, they instruct physicians, but the instruction does not go far enough. To be useful it must reach her who has the most interest in being properly instructed in regard to the criminality of the act of wilful abortion. If you would diminish this crime, if you would have the embryo or fœtus unharmed by the mother's hand or by others with her consent, you must instruct her in regard to the viability of the new being. You must disabuse her mind of the popular and cherished error, that the fœtus is not viable, that it is without life until the period of quickening. You must prove to her that it is a living being from the moment of conception, and as such demands her uttermost care, that it be not harmed or violently dealt with; that it has as large claims upon her for its safety and protection in the womb as out of it; that its destruction in the womb is no less a crime, than its destruction out of the womb would be, and that that crime is murder! If we would prevent criminal abortion we must not only be doctors, but we must be moral teachers in

this matter. When waited upon as we all are, too often indeed, by married ladies, and invited to give them treatment to bring them regular, because they have missed their flow; if we desire to discharge our duties fully as physicians and Christians, we must not put them off with harmless treatment, but we must instruct them in regard to the nature of abortion brought about under such circumstances as they desire; we must inform them, that the act would be criminal, that it would be the destruction of human life, that it would be the imbruing of our hands murderously in human blood, and that on their part it would be an act which, if properly viewed by society, would cause them to be regarded as felons. We should teach them, that no matter how secretly they may bring about the abortion, no matter how much from human eyes their crime may be concealed, no matter how they may escape being properly and justly arraigned by a criminal court for the crime, no matter how they may escape the pain, shame and disgrace of standing before such a court, answering the query "guilty or not guilty," yet from high heaven they cannot conceal their offence, but will stand before the true and living God, as guilty of the destruction of human life, as did Cain, when he murderously struck down his brother Abel. In the prevention of this crime there is a great and noble work to be done, and upon none, does it fall so much as a duty, as upon physicians; and to be reached, they must in season and out of season, seek opportunities to instruct, kindly counsel, and advise women in regard to the *nature* of the life of the embryo, and when they shall be well instructed, the work of preventing criminal abortion will be more than half accomplished. "But do we do this? Do you, and I, when we are solicited by pregnant women to bring them regular, first instruct them in regard to the nature of the life of the conception? Do we declare to them that it is a living being, having precisely the same quality of life in the first moment of its time, as in the last moment which precedes labor? And then do we instruct them in regard to the nature of the crime they invite us to become with them co-operators in? And then, if after being properly instructed, they still persevere in importuning us, do we inform them that they are not only inviting us to step far, far down from our high positions as physicians, but that they are offering an indignity to our manhood? If we do not, if we have not the moral courage to administer a rebuke, prompt, positive and forcible to them, then it is time that we take courage and commence the discharge of our duty. The good work will be damaged by delay. Therefore let us gather resolution from, and become fired by the importance of preventing this rapidly increasing crime. The profession of medicine should not alone be active in the work of staying the onward march of this crime, but the church should be aroused to the importance of the work; from every pulpit in the land should the alarm be sounded, the crime strongly denounced, and anathemas hurled with truthful, but terrific force, against all who may be guilty of producing "criminal abortion."

Dr. Mayburry said, that as the doctrine of *ovulation* had incidentally been introduced this evening, he desired to mention a fact somewhat at variance, he thought, with that theory, and which was worthy of record. It came under his observation some twelve years ago, when the views of Bischoff and Raciborski were comparatively new, and attracting more or less the attention of physiologists everywhere. He was called by a medical friend to see, in consultation, a female patient, about thirty-eight years of age, laboring under scirrhus of the stomach, from which she shortly after died. She had menstruated regularly, and up to the very period of her death. Besides the menstrual discharge was said, upon special inquiry, to have been natural, possessing all the peculiar characteristics of that flow.

The autopsy revealed extensive scirrhus of the stomach, especially of the pylorus, which was much thickened, indurated and contracted; the orifice being almost entirely closed. The pancreas was in the same scirrhous condition. Both ovaries were found enlarged, of a globular form, fully two inches in diameter, completely solidified, remarkably heavy, and almost of a stony hardness, without a particle of healthy tissue remaining; neither were any signs of Graffian vesicles, in any stage of development, present, nor were any corpora lutea, recent or old, discovered. Could, in this instance, the menstrual flow have been dependent on a periodic maturation and discharge of ova?

Dr. Hamilton narrated a case of twins, occurring in his practice, similar to, or still more remarkable than the one mentioned by Dr. Nebinger. The patient after being delivered of a child, apparently at the full term, alive and of the ordinary size, gave birth, in a few minutes, to a second child, in a partially decomposed state, and not developed as to size beyond what is usual at four or four and a half months. Here, then, the woman carried one of the children to maturity, whilst, probably, the other was dead during four or five months. The abdominal parietes of the small fœtus were ruptured, (doubtless during the expulsion of the full grown child,) and the bowels partly protruded. Still, the diminutive size and the decomposed condition of the fœtus is no proof that it was devoid of vitality nearly so long as appearances indicated as a special cause, or various agencies may have conspired to check the normal development of one conception, *ab initio*, whilst that of the other proceeded as usual. Dr. H. was not aware that a peculiar disposition to hemorrhage existed about the

time of quickening, as quoted by the gentleman who introduced the discussion this eveuing. Admitting, however, that such was the fact, he did not think the assigned cause (commotion of the uterus during its ascent from the pelvic to the abdominal cavity) could be received as in itself sufficient. In fact, the growth of the embryo was so slow and gradual that, as a rule, no movement of an abrupt character could take place, and the cause of such hemorrhage must be sought in other than mere physical commotion. In relation to the comparative danger of hemorrhage occurring in the earlier or later months of gestation, his experience had furnished the larger number of alarming cases in the earlier periods, especially about two and a half months; and although some of these patients were rendered pulseless, and in appearance bloodless, none of them were lost, which he could not invariably say of those delivered at the full term. When the hemorrhage was so profuse as to immediately threaten life, he had found no means so effectual in arresting it, as the sudden application of cold water over the uterine region, so as to strongly shock the whole system. By this means we gain time, at least, for the employment of medicines, slower, but often more durable in their operation. Of these he knew of none so effectual as full doses of opiates, alone or aided, as the case may be, by brandy. Acetate of lead he thought decidedly less reliable, where the situation of the patient was threatening, than opium and brandy.

Adjourned.

EDITORIAL DEPARTMENT.

Periscope.

On the Croupous Diathesis of Children.—Dr. Clemens, of Frankfurt, publishes some remarks in the *Journal fuer Kinderkrankheiten*, which are of great interest. He calls attention to the important part which fatty and oily substances play in the nutrition of infants. The child obtains milk, the fat of which is considered by Moleschott, as just as important as the casein, sugar and amylaceous nutriments. The part which oil and fat takes in cell formation is acknowledged, and the enormous activity of cell-formation in the organism of the child is shown in the abundance of colorless corpuscles in the blood of the child, the origin of which depends upon fat.

Now, if a child is brought up on cow-milk, what happens? The child receives in cow-milk a fat which in its form is different from the fat of carnivora; for the contents of the fat-cell of the milk of ruminating animals and rodentia are much more solid than in man, carnivora and pachydermata, whose fat approaches most that of man. Thus the child gets not only a larger amount of fat in cow-milk, which is richer in this material than human, but also fat-cells, whose contents require more assimilative force in order to be metamorphorized into human fat. If the child, besides being fed on cow-milk, gets sugar and starch, as is usual, in considerable quantity, gradually a large excess of fat takes place, and an abnormal amount of colorless blood corpuscles occurs, which forms the basis of the croupous diathesis. If in this condition of the system catarrhal irritation of the mucous membrane occurs, coagulation by exudation rapidly takes place, which we call pseudo-membrane.

We have, however, the croupous diathesis originate also in young, unhealthy children, as well as in the robust; here it is especially scrophulosis, which predisposes to exudative coagulations, because the mesenteric glands, and with them the blood-formation, are diseased, and thus also surcharging the blood with colorless corpuscles.

Dr. Clemens highly recommends, as a prophylactic means in croupy diathesis, cod-liver oil to be taken regularly in the morning, in tablespoonful doses, and continued until the diathesis has disappeared.

Angina Pectoris—Dr. Francis Wayland Campbell, of Montreal, reports, in the *British American Journal*, a case of angina pectoris, terminating fatally, and gives an account of the autopsy. The heart was enlarged and fatty. The mitral and tricuspid valves were healthy, but on the free surface of the aortic valves there was deposit of ossific matter, as well as upon the whole surface of the arch, rendering the parts rough and gritty to the finger. At the aorta between two of the valves was a triangular spot about three-eighths of an inch in diameter, which projected to the the extent of one-tenth of an inch into the calible of the artery, and no doubt contributed to cause the sounds which had been noticed before death, (a systolic murmur, and very distinct and harsh diastolic bruit, both heard over the aortic valves.)

The Scientific Congress of France Assembled on Sunday, September 8th, in the Hotel de Ville of Cherbourg, for its Annual Session. The number of members of the Congress now is 560.

Reviews and Book Notices.

MEMORANDA MEDICA, *or Note Book of Medical Principles.* Being a concise syllabus of Etiology Semiology, General Pathology, Nosology and General Therapeutics. *With a glossary.* For the use of Students. By HENRY HARTHORNE, A. M., M. D., *Professor of Theory and Practice of Medicine in the Medical Department of Pennsylvania College; Physician to the Protestant Episcopal Hospital of Philadelphia, etc., etc.* Philadelphia, J. B. Lippincott & Co. 1860. Pp. 190.

Although this work is intended more particularly for the use of students, we must, after an examination of it, confess that it is as well adapted for the use of physicians. It contains an immense amount of facts in the smallest possible space, in the most concise and clearest language. For this reason we predict that it will often be used by the physician, in search of a particular fact, in preference to some more bulky volume. It is not encumbered by theories, and where the author gives definitions, in general pathology for instance, he takes care to embody in them only what is actually known. Thus, for example: "Tuberculosis may be pathologically defined as a constitutional tendency to the formation of blood, the plasma of which is defective in organizable capacity; so that, in nutrition, instead of healthy tissue, it forms, in one, or very often, in many, of the organs, *aborted blastema*, which accumulates as a deposit. This deposit is called tubercle; the process tuberculization." The following concluding maxims are given:

1. All pathology is but the physiology of organic perturbations.
2. Never interfere actively in disease, without a distinct object.
3. Act only upon *scientific* reason, or *well-defined* experience.
4. Treat the cause of disease *whenever* it is possible.
5. Watch *always*, and treat *when* requisite, the condition of the *patient.*
6. Avoid, especially, routine treatment according to the *names* of diseases.
7. Use *no* violence with self-limited diseases.

I believe that a sound "theory of medicine" may be expressed in a single paragraph, thus:

Physiological optimism is the aggregate tendency of all the forces of the living organism, under the controlling influence of the *vital force.* But, the *best possible* result in a given case may, from its conditions *and circumstances*, fall far short of *health.* Medicine, then, is to favor *or* supply *those conditions, which under natural laws, allow* or *promote* the best result.

In aiming to fulfill this duty, the art of healing must *always* depend *in part*, upon empirical observation (which every branch of knowledge requires), and *in part* upon inductive science. But in both alike, the physician is, or should be, "*naturæ minister et interpres.*"

It is a little book, which no medical man, student or physician, will regret having bought. The typography is excellent.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, SEPTEMBER 29, 1860.

CLOSE OF THE SECOND YEAR.

This number closes the fourth volume of the MEDICAL AND SURGICAL REPORTER, and the second year of its publication in the weekly form. If our labors have been arduous the past year, we have the satisfaction of knowing that they have been appreciated by the profession of the country, judging from the countenance and support we have received, and which at no time in our editorial career has been more encouraging than it is at this mo ment.

Those who have given us their support from the commencement, will bear witness that *progress* has been our rallying cry, and for the future, we can only say that our ideas have undergone no change, and point to the past as a guaranty for further improvements.

To judge correctly of our labors for the year, our readers must examine not only the index accompanying this number, but also that in the issue of the last of March, as there are two complete volumes a year, each with an index and title page, and each containing nearly six hundred pages of reading matter.

Next week the *fifth* volume will commence, enlarged to the extent of eight pages of reading matter a week, and much improved typographically. We are every day receiving accessions to our list, from the commencement of the volume, and shall expect many more.

EMPIRICAL INNOVATIONS, AND SCIENTIFIC PROGRESS.

The *Evening Bulletin* of Saturday last contains a remarkable editorial article under the caption of "The Healing Art." Its tone is that of a fretted valetudinarian, who after dabbling to his own detriment in all of the popular empiricisms, begins, while still smarting, to moralize on the gauntlet through which he has run. He is not inclined to censure his own erratic course by condemning the vagaries into which he has misled himself, but endeavors to bolster up his follies by attempts to prove that every ignis fatuus which led him off from the straight way, is useful in shedding a true light on the straight way of science.

He thinks that medical science is a sort of a fixture, which is advanced not by those who earnestly prosecute it for humanity's sake, but by the innovations of charlatans who, through ignorance or avarice, condemn it.

The editor remarks that:

> "As the changes which have been effected in the methods now used by the regular profession have been mostly forced upon them from without, we will trace out the effects of the exertions of those prominent innovators who have, from time to time, helped to change the general current of opinion among medical men concerning the different branches of the healing art."

The remainder of the article is made up of assertions, without any evidence to sustain them, that medicine has been greatly advanced by the popular empiricisms of the past and present, but which every medical man knows, have in reality been great impediments to medical progress. The empiricisms which are adduced to prove the assertions, are those which happen to be now most popular. The first noticed is homœopathy, which is claimed to have reduced the doses previously administered by the "regulars," and to have made less frequent the resort to venesection. Hydropathy, the article states, has introduced water more into therapeutics, and the eclectics have the credit of bringing out many valuable remedies.

That homœopathy has had any influence whatever on the general practice of physicians is not the fact. As that fallacy subsists by terrifying its dupes in regard to ordinary medication, it may have had an influence on the masses, and thus reduced the amount of medicine voluntarily swallowed. Medicines have been condensed and reduced in bulk, not by "innovators," but by the honest workers in science, who have always held a fraternity with the regular medical profession.

Bleeding is resorted to on the same principles as ever; but if less frequently practiced than formerly, it is from no homœopathic influence or principle, but because prevailing diseases require it less, or because it has been substituted by improved means, or from the fact that the present more thorough pathological knowledge sometimes contraindicates it.

The water-cure has illustrated nothing which was not known before its introduction, except the wonderful abuse which the vital powers will sometimes tolerate, and the amount of water which a human being may be made to swallow and excrete.

Organic chemistry, in the direct way of medical science, has, in recent times, developed for use the active principles of the indigenous medical plants which the editor of the *Bulletin* claims for the "innovators" called eclectics.

As it is claimed that the present age is so indebted to its "innovators" for every improvement in medicine, the "innovators" of the past must have been the cause of all progress up to the present time. But is this, in any degree the fact? Can a single "innovation" of the past be shown to have really added anything substantial to medical progress? A few of the most popular methods of practice which were opposed by the regular physicians in modern times, may be instanced.

In the latter part of the last century "Pneumatic Medicine," as it was called, was the prevalent "innovation." All disease was to be cured by respiring certain gases. The delusion was wide-spread and very popular, and its cures, certified to, as is customary at the present time, by many cler-

gymen, were numberless and miraculous. Yet has the "innovation" of Pneumatic Medicine left anything to medical science?

Has Perkinism with its "metallic tractors," royal patronage, published lists of ten thousand cures, and which was once in greater public favor than homœopathy now is, left anything for us to profit by but a warning example of folly?

Has the so called animal magnetism or clairvoyance, now abandoned, and which was claimed to possess an omniscient power to explore disease, done anything for therapeutics?

The same may be asked of tar water, brandy and salt, and other popular panaceas, now almost forgotten, but which over-ran the world, and, in their day, were believed to cure all human ills. These and many others were "innovations" which have been widely accepted by the people, yet were discarded by the medical profession.

A frequent practice of the charlatan of the present day is to take up some method of treatment which medical science has developed and on which it has set its estimate of appreciation, and push it into notoriety as a newly discovered certain cure. Thus have the therapeutics of electricity and pulmonary inhalation been misused.

Perhaps, according to the *Bulletin*, the perfection of medical practice would be that which accepts the "innovations" of all the quackish systems. Such appears possible of accomplishment, as is evinced by the fraternizing in one office in this city of three of the different varieties of quacks.

That the medical profession oppose with prejudice everything new, is an absurdity. All really rational innovations instead of being opposed, have been at once adopted; indeed, there is in the profession, instead of an opposition to novelties, a dangerous avidity for everything new offered, which in the slightest degree gives a prospect of its adding to the forces which we bring forward to aid in combatting the hydra of disease.

A WORD WITH THE "A. V. S."

It being one of the characteristic traits of our nation, to hold conventions and anniversaries, and to indulge in the luxury of societies and associations for every conceivable object, but frequently to no particular practical purpose, it is a matter of no serious astonishment that we can boast of an "American Vegetarian Society." We are not far from the truth, we believe, when we state that one of the reasons which the vegetarians advance in support of their views, is, that the eating of flesh contributes to make man's nature akin to that of the animal of the flesh of which he partakes, and that the flesh of the beast, when eaten by man, is apt to produce in him beastly habits and animal desires. How far this is true, we feel at present no inclination to discuss; but this much we will say, that whatever the influence of animal food may be upon the habits of men, an exclusive *vegetable* diet seems to have a most disastrous effect upon his intellectual faculties, enlarging the "bump" of self-conceit to an extraordinary degree, with a corresponding shrinking of cerebral substance in other parts, important to ordinary men, but of no account to our modern reformers; such as for instance, some capacity of appreciation of others, and the faculty of recognizing truth. We judge of these disastrous effects of an exclusive vegetable diet, from their fruits, as exhibited in the eleventh anniversary of the American Vegetarian Society, recently held in this city. For the text of our remarks we are indebted to a report of one of our daily papers.

It could of course not be expected that the American Vegetarian Society should meet, and not pass *resolutions*. The vegetarian anniversary, without resolutions, would have been like corned beef, minus cabbage; so we are glad they have not omitted this important part, and we will try to salt and pepper it to the best of our culinary knowledge, and having done so, spread the feast before our readers.

The first resolution is wonderfully wide in its scope and of corresponding depth.

"*Resolved*, That the basis of all substituted and enduring reforms among men, is to be found in a return to the natural dietary."

It is astonishing how foolish men have been in the past, and a pity that the "A. V. S." has not existed more than eleven years, to enlighten mankind in reference to the basis of "enduring reforms." Instead of nailing his ninety-five *theological theses* on the church door at Wittenberg, as the basis of his reform, Luther, had he been but a vegetarian, would, instead of troubling himself about Tetzel, and the doctrine of indulgences, have simply made out a "bill of fare" of the "natural dietary;" and raising his powerful voice in its advocacy, how much more enduring would have been his reform! It was a pity, too, that Washington and others had not the benefit of the council of the "A. V. S.," because it would have obviated much bloodshed and loss of life. The bad behavior of George the Third,—we beg the Baron Renfrew's pardon—was obviously owing to the *un*-natural dietary of too much roast-beef and ale, which explains his stubbornness and dullness. Had those rash men who put their names to the Declaration of Independence, signed in its place a bill of fare, based upon the "natural dietary," it would, undoubtedly have been, a slower, perhaps, but a surer and more lasting manner of mending political matters!

After having "resolved" this first "resolution," but leaving us somewhat in the dark about the extent and contents of the "natural dietary," for instance, whether that favorite delicacy of ours, pumpkin pie, is to be included or not, we come to the second resolution, the depth of thought, fullness of idea and novelty of conception of which, surpasses anything in the way of resolutions that we have seen in this most resolution-prolific country in the world.

Resolved, That intemperance, dissipation and debauchery, are in all nations clearly traceable, mainly to erroneous habits of eating and drinking,"

We have never been able to trace the cause of intemperance and dissipation until now. The resolution of the "A. V. S." has burst upon us like a meteor of new-discovered truth. Formerly when we saw a man in a state of inebriation or dissipation, the matter to us was extremely mysterious and inexplicable; but now light dawns upon us—he has been in erroneous habits of eating and drinking. What a discovery, what a striking resolve, for what a new light are we indebted to the "A V. S."! How can we thank them for informing us that drunkenness is *mainly* due to *erroneous* habits of *drinking*! Especially the habit of "perpendicular" drinking, which we have always considered a great bane.

The third resolve is worthy of its predecessors:

"3. That the various moral and physical reforms of the age, and particularly the temperance and anti-tobacco reforms, will always be subject to sudden and disastrous relapses so long as their advocates and proselytes alike indulge in such dietetic habits as pervert the normal instincts, and provoke morbid appetites."

It is the flesh of the beast which lies at the bottom of all evil. We fear that the "various moral and physical reforms" will never be carried out, for it is useless, we are told, to attempt lasting reforms, without abjuring fish, flesh and fowl, and according to Darwin, it is a natural law that we should eat them. Who will help us out of this dilemma!

We omit the fourth resolution, which is simply congratulatory of the progress of the great vegetarian cause.

In the fifth, however, the "A. V. S." once more rises to the sublimity of a new discovery. They *resolve:*

5. That as a general rule, the strongest men in the world, the most beautifully organized and developed men, the fairest complexioned men, the wisest and most profound thinkers, the most moral, humane and virtuous men, and the longest lived men, have been vegetarians; and facts well established abundantly prove that those who live exclusively on a vegetable diet can and do endure the extremes of heat and cold, hard and long continuous toil and exposure, and long continued privation, better than those who live on a flesh, or mixed diet.

Some simple-minded men, brought up on a mixed diet, with a fair allowance of good beef, and historical and biographical facts, might, perhaps question the truth of the above. But

let them only abjure meat, and it will not be long before they will, like the "A. V. S." come to understand, what ordinary intellects, brought up on the flesh of animals do not,—that "*resolving*" a thing is equivalent to *proving* it.

Thus much for the resolutions of the "A. V. S." A few words about their speeches, for, of course, loquatory exercises of vegetarian tone and calibre, formed one, if not the principal entertainment, of the anniversary.

A "Dr." Trall tells us, that "history informs us that all the nations of the earth have fallen or rose according to the articles which they eat and drank." We wonder what the Italians have been eating and drinking lately; for they are evidently rising from a most degraded position to one of considerable elevation. We would like the "A. V. S," to forthwith publish their bill of fare of the "natural dietary" so that it may be resorted to among the nations of the earth, who are struggling for freedom and emancipation. But one more point, and we have done adding our condiments to this vegetarian feast. It is reported of one of the members of the "A. V. S.," one Mr. N. L. Bunn, that he thought "the reason why the vegetarian system was so strongly opposed by the medical profession was, because these latter depended on the misfortunes of their fellows for a living. They would not teach this system, as it would tend to produce good health. They would rather promulgate false doctrines."

A *meaner* thought was never conceived in the brain of the most incarnate beef-eater than the above, to which the vegetarian tongue of this Mr. Bunn gave utterance. If to calumniate and slander a profession, whose whole history is one of self-sacrifice, disinterestedness and martyrdom, who have fearlessly walked and are walking amidst pestilence and contagion, with almost certain death staring them in the face, with no prospect of remuneration, but stimulated simply by a noble sense of duty, if to slander and calumniate this profession is the fruit of your "natural dietary," then may heaven preserve us from the "basis of your substituted and lasting reforms."

No, gentlemen; you are sadly mistaken! One wiser than you; One, who loved his race more than you; One who has made a greater reform than your feeble imagination can conceive, once said:

"Do not ye yet understand, that whatsoever entereth in at the mouth goeth into the belly, and is cast out into the draught?

But those things which proceed *out of the mouth* come from the heart; and they defile the man."

Will Mr. Bunn and his fellows of the "A. V. S." remember this when they hold their next anniversary?

We saw, a few days ago, at the wholesale drug and chemical establishment of J. M. Maris & Co., 711 Market street, in this city, the neatest specimen of a medicine bottle for the drug store or physician's office, that ever fell under our observation. It was made of the best flint glass, with a perfectly fitting stopper, and the label is gilt and *burnt into the glass*, securing it from the corroding effects of acids, &c. The bottles are made in Boston, and only to order.

We have already announced the action of the Board of Guardians of the Poor, in opening the Philadelphia Hospital to clinical instruction, free of charge to students. Clinical lectures will begin next week, Drs. Agnew, Ludlow and Penrose being on duty. The means for clinical instruction in this hospital, are extended and varied, and we bespeak a large attendance.

Croup without Croupal Cough.—Dr. Gottschalk relates some cases to show that while, on the one hand, a cough precisely resembling that of croup, may be present in mere laryngitis, the characteristic cough may be entirely absent in true croup attended with fatal exudation. — *Journal für Kinder-krankheiten*, band xxxiv. p. 39.—*Med. Times and Gaz.*

Small Pox are prevailing in Jersey City to such an extent that the city authorities were obliged to appropriate $500 for the erection of a temporary hospital.

News and Miscellany.

Medicine in Micronesia. — A missionary writes from Ponape :

Called on a high chief to-day who is very sick, and seems nigh his end. He has had the native doctors and conjurors, but he gets no relief. While I was sitting in the room, engaged in conversation with him, an old hag of a woman sat down at his side, rubbing his limbs and mumbling her prayers. The rubbing is no doubt a very efficient remedy for many of their complaints, and I am not surprised that it gives great popularity to those who are skilful in performing it. When the people learn to attribute the cure to this, and not to the incantations connected with it, I shall be for recommending it in my practice. I offered the man medicine, but he begged me not to be offended at his not taking it, since he was so sick. He hoped that in a day or two he would be better, and then he would be glad to take it! As he pointed to a bottle of medicine just left by Nanakin to be taken when he got better, I could no longer urge him to take mine at once. Poor things! Some of them fear us, and so are slow to take our remedies, and some are too proud to own the weakness of their priests so far as to accept help from us. There is now a great deal of sickness upon this island. I have a good many patients, some of whom must die. Some seem glad to have me visit them, paying good attention to what I have to tell them of the soul after death.

The Health of San Francisco, writes the *Pacific Medical and Surgical Journal,* for July, for the last few months, has been excellent. We have no epidemic, and have not had since the decadence of scarlatina. There were one or two mild cases of small-pox in June; none this month. We see a few reported phthisical cases; very few, if any, have originated in this country. In June the mortality was 126; for July up to the 21st inst., inclusive, the deaths were 97.

Medicine in Sardinia and Savoy.—The annexation of Savoy to France gives the French journals an opportunity to speak of medical matters in these countries, and it may be of interest to our readers, to hear something about them. The source of our information is the *Gazette Hebdomadaire* of August 17th, 1860.

Since the suppression of the "bleeders" (phlebotomists,) fifteen years ago, the law recognizes but one class of physicians. All the students are required to obtain the double diploma of doctor of medicine and doctor of surgery.

Savoy has a preparatory school, the seat of which is at Chanbéry, with five chairs: chemistry and botany, (Prof. Behert;) anatomy, (Prof. Besson;) physiology, (Prof. Revel;) institutes of medicine and surgery, (Prof. Massola;) surgical clinic, (Prof. Carrett.)

Chambéry possessess several hospitals and charitable institutions. The *Hotel Dieu,* for internal and external acute diseases, contains 102 beds; the number of patients treated from January, 1846, to January, 1852, is 10,036. The Surgeon in Chief is M. Carret, an expert operator, a prudent practitioner, and an able teacher.

There is an additional hospital devoted to phthisis, annexed to the *Hotel Dieu.*

The *Charity Hospital,* or hospital for incurables, containing 300 beds, offering, frequently, a remarkable collection of chronic diseases, scrofulous, cancerous, and catarrhal affections, tertiary syphlis, etc.

The *Maternity,* 630 accouchments took place in this institution from 1846 to 1852.

The *Military Hospital.* The number of admissions in this institution has been, in ten years, nearly 44,000, of which, 32,000 were in the medical, 8,216 in the surgical, 2,808 in the syphilitic, and 947 in the department for itch. The number of deaths among these was 714.

The *insane asylum,* at present, under the charge of Dr. Fusier. There are several other hospitals in other parts of the province.

Treatment of Leucorrhœa.—In leucorrhœa from chronic stasis of the uterus, without considerable textural changes and in the absence of syphilis, Dr. Pockels has for a long time past administered with great success secale cornutum and catechu, giving of each as much as will lie on the point of a knife three times a day—the catechu being as serviceable as the more expensive tannic acid. If there is anæmia, phosphate of iron is added, and alkalies when acidity of the stomach prevails. An increased secretion of mucous is at first produced, and this may have some blood mixed with it when chronic hyperæmia is present.— *Varge's Zeitschrift,* band xiv. p. 7.—*Med. Times and Gazette.*

Answers to Correspondents.

Dr. B. S. Va.—The reports of the results of the use of Propylamine are very contradictory. It was in the Philadelphia Hospital condemned as inert, whilst in the Pennsylvania Hospital it seems to have obtained confidence. The accounts of its efficacy at St. Petersburg, where the remedy was introduced, are truly marvelous.

Propylamine has been made and can be obtained in the form of a chloride from Messrs. Crew, Rogers & Crew, manufacturing chemists of this city.

Dr. M.—An American *reprint* of the work would probably be acceptable to the medical public, and perhaps very saleable; but we would not recommend any *editing* of it. If you can do better than the author has done then write another book, or, in the journals or in a monograph, tell what you claim as new or what is untold on the subjetts. The habit of editing foreign publications is very properly decreasing; it has been one of the greatest impediments to the progress of our national medical literature.

COMMUNICATIONS RECEIVED.—*Delaware*, Dr. D. W. Maull, (with encl.)—*Georgia*, Dr. V. H. Taliaferro, (with encl.)—*Illinois*, Dr. W. McKnight, (with encl.,) Dr. R. L. Rea—*Iowa*, Dr. A. C. Taylor, (with encl.)—*Kentucky*, Dr. J. O'Brien, (with encl.,) Dr. Lee—*Massachusetts*, Dr. L. Pillsbury, (with encl.,) Mr. J. Choate, (with encl.)—*Maryland*, Dr. Jas. Dwinnelle, (with encl.,) Dr. W. S. Forwood, (with encl.)—*New Jersey*, Dr. Wm. Johnson, (with encl.,) Dr. J. C. Cook, (with encl.)—*New York*, Dr. Mac Nicholl, (4,) W. E. Chapman, Dr. C. V Barnett, (with encl.)—*Ohio*, Dr. A. H. Baker, Dr. G. O. Hildreth, (with encl.)—*Pennsylvania*, Dr. H. R. Terry, (with encl.,) Dr. J. Breitenbach. (with encl.,) Dr. E., R. Scholl, Dr. P. S. Leisenring, Dr. W. W. Wick, (with encl.,) Dr. D. M. Carrell, (with encl ,) Dr. G. S. Wentz, (with encl.,) Dr. W. Erdman, Dr. J. Breitenbach.—*South Carolina*, Dr. W. T. Russell (with encl.)—*Michigan*, Dr. J. McHench, (with encl.)—*Mississippi*, Dr. G. B. Heard, (with encl.)

Office Payments.—Dr. Morris, Dr. J. W. Rugh, (Pa.,) Dr. G. G. Chamberlain, (Del.,) Dr. A. C. Cernea, (Pa.,) Dr. E. Hopkins, (Pa.,) J. S. Herron, by Mr. Swain, Drs. Senderling, C. P. Tutt, C. W. Horner, Byington.

MARRIED.

COOPER—JONES—On Thursday afternoon, 20th inst., at Fort Monroe, Old Point Comfort, Va., Surgeon Geo. E. Cooper, U. S. A., to Miss Elva M. Jones, of Sea View, Virgiuia.

DEATHS.

JOHNSON—In New York, September 22d, Dr. William J. Johnson, in the 56th year of his age.

WHITING—In New York, suddenly, on Saturday, the 22d inst., James C., infant son of Dr. Alex B. and Matilda A. Whiting, aged 18 months and 2 weeks.

MARTIN—At Allentown, Pa., Sept. 25th, Dr. Charles H. Martin, a prominent physician and surgeon, aged 53 years.

Practical Course of Lectures and Demonstrations on the Medicine and Surgery of the Eye and Ear.

DR. TURNBULL will commence his regular course of Lectures and Clinical Demonstrations on the above subjects, at his house. 1208 Spruce Street, and at the Howard Hospital, 1812 Lombard Street, about the middle of October, 1860. This course treats of the clinical use of the Ophthalmoscope in its application to the diagnosis of obscure diseases of the eye. Also, the use of the Otoscope in affections of the ear. Dr. T. has provided himself with large and beautiful drawings, also, the celebrated models of "Auzoux" of the eye and ear for class demonstrations.

TO PHYSICIANS AND DRUGGISTS.—A four story well-built corner property and drug store (an old stand,) centrally and pleasantly located in the city, with a good practice, will be sold for $7,500; $4.000 may remain on the property; or the store and practice will be sold for $1,200, and the property rented for $500. By attention a *good office practice* may be secured, or the *store* made to do a *good business*. Satisfactory reasons will be given for selling. Letters containing return stamp promptly answered. Address M. D., care of Publication Office of the *Medical and Surgical Reporter*, Philadelphia. t.n.2

PRACTICAL COURSE OF INSTRUCTION IN URINARY PATHOLOGY,

BY JOHN W. LODGE, M. D.

Dr. Lodge will commence a Course upon the above subject, about the 1st of November, to continue until the middle of January, embracing a series of Twenty Lectures and Practical Demonstrations.

The object of the Course will be to extend an opportunity to those desirous of becoming familiar with the Chemical Physiology of the Urine, its various Pathological Deposits, their Microscopic Characters, Diagnosis, and Therapeutical indications.

Arrangements have been made by which specimens of the most important urinary deposits occurring in the several Hospitals of this city can be obtained.

For further information, apply to
DR. J. W. LODGE,
No. 123 South Seventh Street.

Fee for the Course, $5.00.
Philadelphia, Sept, 1860.

LONG ISLAND COLLEGE HOSPITAL.

BROOKLYN, N. Y.

THE COURSE preliminary to the session of 1861, will begin on the 18th of February, and the Regular Lectures on the 18th of March, to continue sixteen weeks.

REGENTS.

HON. SAMUEL SLOAN, Pres't. T. H. RODMAN, ESQ., Sec.

COUNCIL.

T. L. MASON, M. D., C. L. MITCHELL, M. D.,
W. H. DUDLEY, M. D., J. H. HENRY, M. D.

PROFESSORS.

AUSTIN FLINT, M. D., Practical Medicine and Pathology.
FRANK H. HAMILTON, M. D., Principles and Practice of Surgery.
JAMES D. TRASK, M. D., Obstetrics, and Diseases of Women and Children.
R. OGDEN DOREMUS, M. D., Chemistry and Toxicology.
JOSEPH C. HUTCHISON, M. D., Operative Surgery and Surgical Anatomy.
JOHN C. DALTON, M. D., Physiology and Microscopic Anatomy.
DE WITT C. ENOS, M. D., General and Descriptive Anatomy.
EDWIN N. CHAPMAN, M. D., Therapeutics and Materia Medica.

DEMONSTATOR OF ANATOMY.

GEORGE R. SMITH, M. D.

Every facility afforded for dissection throughout the year.

Clinical Lectures daily, except Sunday, on Medicine, Surgery and Obstetrics, for which ample material is furnished in the lying-in wards and general hospital under the same roof.

Professor FLINT will give careful instruction in Auscultation and Percussion, and the art of Diagnosis in general.

Professor HAMILTON, in his Regular Course, will dwell especially on *Dislocations and Fractures*, and in his Preliminary Course, will give a series of *Lectures on Military Surgery*.

As far as practicable, instruction in all the departments will be by demonstration.

FEES.—Full Course, $100: Matriculation, $5; Demonstrator's Fee, $5; Graduation, $25. 205

PHILADELPHIA SCHOOL OF ANATOMY.

UPPER END OF COLLEGE AVENUE.

WINTER ANNOUNCEEENT.

THE Rooms of this old established Institution, under the management of Dr. D. HAYES AGNEW, are now open to students and physicians desirous of prosecuting their studies. A full Course of Lectures will be delivered on special and Surgical Anatomy, commencing about the 11th of October.

The colleges leave it optional with the student where he takes out his dissecting ticket.

Fee for the Course, $10.

D. HAYES AGNEW, M. D.,
16 North Eleventh street.
204

3477
1273

SMITHSONIAN INSTITUTION LIBRARIES
3 9088 01224 6278